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National Evaluation of the Community Partnership Demonstration Program

Final Report 1997

June 1998

FINAL DRAFT

U.S. Department of Health & Human Services
Substance Abuse and Mental Health Services Administration
SAMHSA

Prepared for the
Center for *Substance Abuse Prevention*
Division for Knowledge Development and Evaluation

National Evaluation of the Community Partnership Demonstration Program

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In response to Contract No. 277-94-2023

Shakeh J. Kaftarian, Ph.D.
Project Officer

Preface

This final report culminates a seven-year National Cross-Site Evaluation. The evaluation used a broad variety of research methods, qualitative and quantitative, calling upon multiple specializations. Because of the mission of the community partnerships, the evaluation also covered a breadth of topics, including substance abuse prevention, community development, and partnership organizational processes. Earlier reports (CSAP 1993; 1995; and 1997) presented the full methodology as well as early findings.

Guiding the evaluation throughout its design and implementation and therefore helping to keep the evaluation on track, despite this diversity of craft and subject matter, was a group of experts who comprised a technical assistance committee (TAC). Members who served on this committee during the 1994-1997 phase met four times (October 1994, July 1995, August 1996, and April 1997) and are listed at the end of this preface.

During its latter phase (1994–1997), the evaluation was led by research investigators from COSMOS Corporation, teamed with other investigators and staff from three other firms (Westat, Inc., CSR, Inc., and SHS, Ltd.). The final report, however, is the sole responsibility of the COSMOS team. Major contributions were made by Robert K. Yin, Ph.D. (project director) and Ping Yu, Ph.D. Others at COSMOS contributing individual analyses or sections to the report include: Pradip Muhuri, Ph.D., James Greer, Ph.D., and Margaret Gwaltney, M.B.A. Numerous other key COSMOS staff worked on the report, including Jennifer Brady, Dawn Kim, Bob Johnson, Janet Pinkett, and Lee Carpenter. COSMOS's production staff, led by Am Reese, made the text and exhibits clean and clear.

In completing the report and the evaluation, the research team thanks many individuals. First, staff and members of 24 partnerships hosted four annual site visits made by the evaluation team, reviewed site visit reports, and reviewed the final composite reports about their partnerships. The evaluation would not have been possible without the efforts and openness of these partnerships' staff and members, and they are listed at the end of this preface.

Second, the team gratefully thanks David Murray, Ph.D., a member of the TAC, for his continued coaching and expert assistance throughout the evaluation but especially during its analytic stages. He especially focused on the analysis of nested data and the use of SAS/PROC MIXED, also reviewing earlier annual reports from the evaluation and the research monograph article produced by the team (Yin, Kaftarian, Yu, and Jansen, 1997).

Third, other TAC members besides David Murray who provided ad hoc assistance or substantial written comments beyond their participation at the TAC meetings included: David Cordray, Ph.D., Mary Ann Pentz, Ph.D., Adela de la Torre, Ph.D., and Abraham (Abe) Wandersman, Ph.D. Dr. Wandersman also served as a reviewer of this final report.

Fourth, the team thanks Lee Sechrest, Ph.D. and his group at the University of Arizona for reviewing the team's logistic regression methodology, corroborating some of the analyses, and also reviewing the final report. Dr. Sechrest provided this assistance promptly and with great thoroughness. Similarly, Leonard Bickman, Ph.D. of Vanderbilt University served as part of the team during 1994-1996. After his leave of absence year in Australia (1996–1997), the team then asked Dr. Bickman to review the final report from his "insider's" perspective, and he provided extremely helpful guidance and comment.

SAMHSA-CSAP's community partnership program staff, led by Dave Robbins and Dan Fletcher, helped the team make bridges with individual partnerships and their local evaluators, especially in a series of key meetings in 1994 when the final conceptual framework for the evaluation was developed. Similarly, Mary Jansen, Ph.D., formerly director of SAMHSA-CSAP's Division of Knowledge Development and Evaluation, provided commentary and oversight over the evaluation, although she did not participate in any of the final report efforts.

Shakeh Kaftarian, Ph.D., of SAMHSA-CSAP, served as the project officer for the evaluation from its inception, including the 1994-1997 period, when the evaluation was initiated by the Institute for Social Analysis. Dr. Kaftarian guided all phases of the evaluation, including design, data collection, and analysis. She set the highest expectations for the evaluation, also keeping the progress of the evaluation aligned as closely as possible with SAMHSA-CSAP's policy and programmatic context.

This report was produced under Contract No. 277-94-2023 from SAMHSA-CSAP. Other major products issued earlier during the 1994-1997 phase have been: a Fourth Annual Report (CSAP, 1995), a Fifth Annual Report (CSAP, 1997), and a special monograph of nine articles (Kaftarian and Yin, 1997), of which one of the articles also dealt directly with findings from this national cross-site evaluation (Yin, Kaftarian, Yu, and Jansen, 1997). Associated with this final report is an abbreviated "Technical Report," issued under separate cover, as well as 24 composite reports covering individual community partnerships, also issued under separate cover. The Technical Report and its Executive Summary may be considered the executive summary and capsule summary, respectively, of this final report.

Executive Summary

RESULTS OF THE 4%COMMUNITY STUDY: COMMUNITY PARTNERSHIPS CAN CONTRIBUTE TO SUBSTANCE ABUSE PREVENTION

The 48-Community Study is an unprecedented, large-scale, and rigorous evaluation. The study collected outcome data, based on random samples of over 83,000 adults, 10th graders, and 8th graders, over two points in time. The 48 communities consisted of 24 with community partnerships and 24 matched comparisons without community partnerships. The study, supported by the Center for Substance Abuse Prevention, Substance Abuse and Mental Health Administration (SAMHSA/CSAP), showed that community partnerships are a promising strategy for preventing drug abuse.

The Community Partnership Program, 1990-96: The Largest Federally Funded Partnership Program. The subject of the evaluation was SAMHSA/CSAP's Community Partnership Program, authorized under the Anti-Drug Abuse Act of 1988 (P.L. 1900-690). From 1990 to 1996, the federal agency funded 251 community partnerships—located across the country and Puerto Rico and in all but five states-with the following features :

- Five-year grants, averaging about $350,000 per year;
- A mandate to carry out long-range, comprehensive, and multi-sectoral drug prevention programs;
- Coordination and leveraging of a community's existing prevention efforts, not just to start new prevention services;
- Broad representation of numerous organizations and agencies in a community, including the community's local government; and
- Large numbers of participating residents.

The program was an integral part of the nation's first comprehensive drug strategy, developed by The White House's Office of National Drug Control Policy (ONDCP). The implementation of such a significant demonstration program by SAMHSA/CSAP was in itself an achievement.

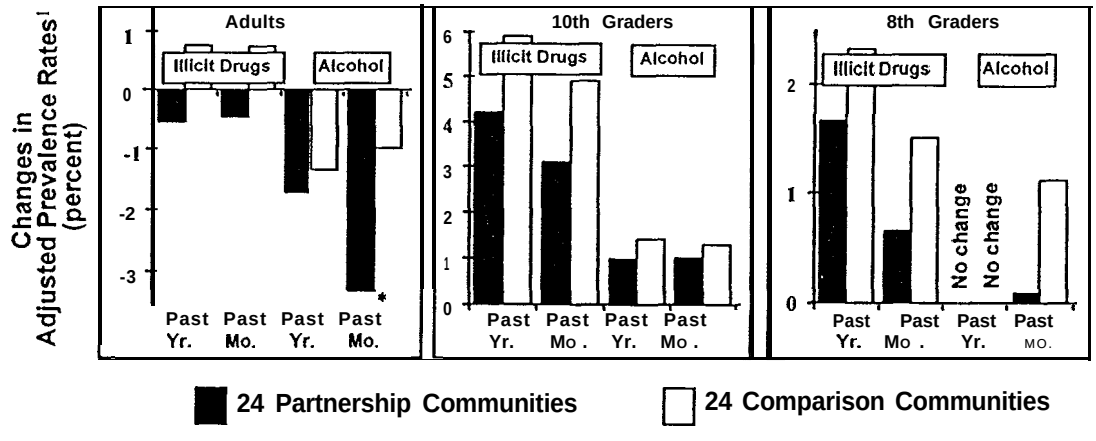
A Landmark and Rigorous, 48-Community Study. The 48-Community Study assessed the partnerships' prevention strategies and outcomes. The study selected a representative group of 24 partnerships from the total of 251 and defined 24 matched comparison communities on the basis of demographic similarities. Prevention data, based on annual site visits, were collected from the 24 partnerships; outcome data, based on surveys of randomly selected samples of adults, 10th graders, and 8th graders, were collected from all 48 communities.

The study used both sophisticated statistical modeling and field-based case studies to arrive at its conclusions.

Findings: Outcomes in a Promising Direction; Many Lessons Learned about Successful Partnerships

Substance Abuse Outcomes: Partnerships' Prevalence Rates Were Lower. The surveys asked people to define their use of illegal drugs and of alcohol, both for the past month and for the past year. Comparing the results in the partnership and comparison communities over two points in time, prevalence rates in the partnership communities were lower, relative to the comparison communities (see chart).

CHANGES IN SUBSTANCE ABUSE, 1994-95 TO 1996



[1] The prevalence rates for adults were weighted by community and adjusted for an individual's **age, gender, race, education, employment status, and income. For youth, only age, gender, and race were used.**

The differences were small, ranging from a fraction to two percent. Purther, of 12 measured outcomes, only one was statistically significant. However, all outcomes were

favorable to the partnerships, and the two points in time were only 18 months apart, due to administrative constraints, rather than the desired five-year period.

When individual partnership-comparison community pairs were examined, 8 of 24 partnership communities showed some statistically significant reduction in substance abuse, relative to their matched comparison.

Desirable Prevention Strategies Were Demonstrated by Five Community Partnerships that Had Significantly Positive Outcomes. The study tested prior research and hypotheses about desirable partnership strategies. Five community partnerships were found to have used these strategies-and also showed some statistically significant reductions in substance abuse, relative to their comparisons. These partnerships were located in five diverse locales: Springfield, MO; Lake County, IL (a suburb of Chicago); El Paso, TX; the South Central area in Los Angeles, CA; and Knox, Laurel, and Whitley Counties (a rural area), KY.

The desirable strategies included:

- A comprehensive vision, covering all segments of the community and all aspects of community life;
- A wide sharing of this vision, agreed upon by groups and citizens across the community;
- A strong core of committed partners at the outset of the partnership;
- An inclusive and broad-based membership, welcoming members from all segments of the community;
- Avoidance or resolution of severe conflict that might reflect misunderstandings about a partnership's basic purpose;
- Decentralized units, encouraging participation and action at small-area or neighborhood levels;
- Staff turnover of a reasonable rate and that was not disruptive; and

- Extensive prevention activities and support for local prevention policies.

Partnerships Helped to Promote Community Change, not Just Prevention Services. Because community partnerships can garner broad-based support, they differ from other prevention strategies. The goal is to change the community environment and its norms, not just target specific at-risk individuals. Partnerships achieved these changes by such actions as:

- Supporting local policies aimed at reducing drug availability or increasing the penalties for drug use (see chart);

- Influencing coverage of local events by the mass media, to emphasize constructive and not just negative images of local life;

- Coordinating a comprehensive array of services, to produce 'one-stop' shopping; and

- Using slogans, posters, billboards, t-shirts, cultural events, and hotlines to raise community awareness over the threats posed by drug use.

ILLUSTRATIVE POLICIES

- Boarding abandoned drug dealing houses
- Local control of liquor licensing
- Gun free/drug free school zones
- Juvenile gun ordinance
- Increased DWI penalties
- Reduced BAC Levels
- Sting operations of vendors selling tobacco to minors
- Drug conviction fines to support youth training activities
- Fetal alcohol syndrome warning in bars
- Pre-employment drug testing
- Server training for bartenders

Prevention Strategies Varied by Type of Community. American communities vary not only demographically and geographically, but also by the nature of their drug problems. The study found four relevant types:

- Resource-rich communities (e.g., suburban areas) with newly emerging drug problems;

- Resource-poor communities with newly emerging drug problems;

- Communities with chronic, longstanding, and severe drug problems; and

- Communities where illicit drug production (e.g., cultivating marijuana) is a significant component of the local economy.

Different prevention strategies appeared suitable for the different types. Resource-poor communities, for instance, have to rely more on supporting desirable local policies, because of the relatively low level of available services. Communities with chronic drug problems, as another example, have to mobilize residents and improve relationships with service providers as well as support the desirable local policies.

Partnerships Needed to Overcome Several Barriers. ***Less*** successful partnerships were hindered by one or more barriers, such as: considering the partnership to be a 'special project,' not a long-lived entity of its own; misunderstanding the basic groundrules of the partnership, such as whether membership is to be limited; permitting staff to exert too much control, relative to the partners; and allowing a partnership's identity to be confused with other organizations.

Implications for Policymakers, Practitioners, and Researchers. The landmark study was the first of its kind and may only represent the beginning of much more field testing and evaluation of the community partnerships strategy. Brief implications for the future might be as follows:

- For policymakers, community partnerships are a viable and general strategy-befitting a wide variety if not all types of communities-and deserve continued support;

- For practitioners, the lessons learned about successful partnerships can help to refine the operations of existing partnerships; and

- For researchers, community-based evaluations can be conducted with rigor and still produce useful findings.

ACKNOWLEDGMENTS

The evaluation team would like to thank the National Evaluation's Technical Assistance Committee members, the partnerships participating in the evaluation, and SAMHSA-CSAP's Division of Community Prevention and Training, for their cooperation and assistance in this project.

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SECTION 1

Evaluation Overview

1. EVALUATION OVERVIEW

This final report covers the entire National Cross-Site Evaluation of the Community Partnership Program. The evaluation took place over a seven-year period 1990-1997, bracketing the period of the program, which ran from 1990 to 1996.

1.1 BRIEF DESCRIPTION OF THE PARTNERSHIP PROGRAM AND ITS EVALUATION

1.1.1 The Community Partnership Program

Community partnerships to prevent substance abuse became an important strategic approach to prevention in the late 1980s and early 1990s. Until then, substance abuse prevention largely targeted specific client or at-risk groups (e.g., youths), and delivered prevention and education services intended to increase their resiliency in avoiding substance abuse. Community partnerships reflected an alternative strategy derived directly from the public health model: to change conditions in the environment of at-risk groups, not just the specific groups themselves.

One of the primary assumptions underlying this strategy is that as improper environmental conditions (e.g., the availability of drugs, public and media messages about drug use, and increases in illicit drug markets) increase or persist, actions focusing only on at-risk groups will ultimately be unsuccessful. An alternative approach to substance abuse prevention, then, is to work towards changing the community environment. Because of its complexity and the likely support needed to change it, a further underlying assumption is that major sectors in the community (e.g., public agencies, private organizations and businesses, and neighborhood groups) must work together to produce the desired results. A final assumption is that community partnerships are the best, if not the only vehicle for supporting such collaboration. Thus, the goal of a community partnership is to instigate cross-sectoral collaboration within a community, developing and implementing initiatives aimed at changing substance abuse-related conditions, and building community capability to fight them.

To initiate a community partnership program, as well as to support other substance abuse initiatives, the Anti-Drug Abuse Act (P.L. 100-690) was signed into law in 1988, authorizing the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Prevention (SAMHSA-CSAP) to make competitive grants to form

community partnerships and undertake comprehensive and long-term strategies for preventing substance abuse. Because the legislation mandated the involvement of key segments of the community in the development and implementation of such comprehensive prevention strategies, each grant had to create a partnership among a minimum of seven organizations. The local general-purpose government had to be involved; local government agencies, public health and social service organizations, and criminal justice, education, community-based, faith, business, and other constituencies could be included. The partnerships were to emphasize planning, coordinating, and promoting prevention services, rather than directly operating them, although such operations were not precluded.

SAMHSA-CSAP made 94 grants in October 1990. Another 157 grants began operations in October 1991 or early 1992. Each partnership received an award for up to five years, with an average award size of $350,000 per year. Together, the 251 community partnerships covered every variety of community, across 46 of the 50 states. The partnerships began with an average of about 40 partners and ultimately had an average of about 120 partners (including individuals participating as partners). Exhibit l-l illustrates types of partners from two sectors (businesses and community and nonprofit organizations) across a large number of grants. Highlighted are nationally recognizable organizations, although local organizations dominated the partnerships.

Brief Profile of Community Partnership Operations. Over 80 percent of the partnerships ultimately adopted formal organizational procedures, such as by-laws and elected officers, and nearly every partnership had an executive committee or governing board. The organizational settings for the partnerships varied from being self-standing 501(c)(3) organizations, to operations supported as part of an existing government agency, a community organization such as a grassroots group or the local United Way, a local chamber of commerce, or even a higher education institution or school. Many of the partnerships existed prior to the SAMHSA-CSAP award. Whether preexisting or not, they enlisted a large amount of volunteer support and carried out a broad array of prevention activities. (All of these program features are described in detail in the ***Fifth Annual Report [CSAP,*** 1997, pp. 2-l-2-171.)

Desired partnership activities included coordination of agencies or organizations within the community that might previously have been competitors, and definition of mutual goals and objectives that could benefit the entire community. Some communities designed activities that served to mend previously antagonistic relationships between residents and service agencies. An equally important element was inclusion of nontraditional participants, such as the faith and business communities, in the overall effort to change community contexts to prevent substance abuse among at-risk groups.

Exhibit l-l

ILLUSTRATIVE PARTNERS

Business Organizations		
Financial, Service, And Labor	**Industrial**	
AFL-CIO	3M Company	Hoffman LaRoche
Allstate insurance	AT&T	IBM Corporation
Amalgamated Transit Union	Burger King Corporation	K-Mart
Bank of America	Burlington Ind.	McDonnell Douglas
Blue Cross/Blue Shield	Commonwealth Edison	Pepsi Cola Bottling Co.
Chemical Bank & Trust	Community Drug Stores, Inc.	Polaroid Corp.
Dean Witter	Dow Chemical	Rockwell International
Fleet Bank	Dow Corning	Rohm and Haas
Guardian Life Insurance	Dupont Co.	Southern Bell
Merrill Lynch	FMC Corp.	Thiokol
	General Motors	Warner Cable

Community and Nonprofit Organizations		
Civic Organizations	**Associations**	
Boy Scouts of America	A.A.R.P.	March of Dimes
Goodwill	American Red Cross	N.A.A.C.P.
Kiwanis Club	American Cancer Society	United Cerebral Palsy
Lions Club	American Lung Association	YMCA
Salvation Army	Gray Panthers	YWCA
United Church of Christ		
United Negro College Fund		
United Way		

SOURCE: CSAP PMIF Database.

Enacting changes in the community environment could mean a number of things: dealing with transformed relationships among these partners; improving a community's physical infrastructure (e.g., cleanup of streets and recreation areas); coordinating among prevention service programs; altering media communications and messages about substance abuse; or increasing resources devoted to substance abuse prevention. Yet another critical environmental condition was heavily emphasized toward the end of the

program: the need to align local policies and regulations with prevention goals (e.g., increasing drug penalties or prohibiting sales of alcohol or tobacco to underage youths). Successful community partnerships would eventually mean changes in community norms, not just the behavior of specific individuals.

The final and perhaps most important characteristic of the community partnerships was their local empowerment-they had to develop and implement locally devised structures and strategies, and not follow a common prescription imposed from outside the community. Local communities, not external agents, were considered best able to identify the most effective course of action, given unique historic, social, political, and cultural settings.

1.1.2 The Cross-Site Evaluation

The National Cross-Site Evaluation operated for seven years, in two phases (1990-1994) and (1994-1997). Ultimately, the evaluation included a variety of data collected from all partnerships, the intensive tracking of partnership processes in 24 representative partnerships, including outcome assessments conducted from 1994 to 1996 for the 24 partnerships and for 24 matched comparison communities. See Exhibit l-2 for a map of 24 partnership and 24 comparison sites.

Evaluation Questions and Objectives. The two key questions addressed by the evaluation were:

- ***Do partnerships lead to reduced substance abuse in communities?*** and if so,

- ***How does such reduction occur?***

These two questions covered several evaluation objectives, which were to evaluate the process and outcome of:

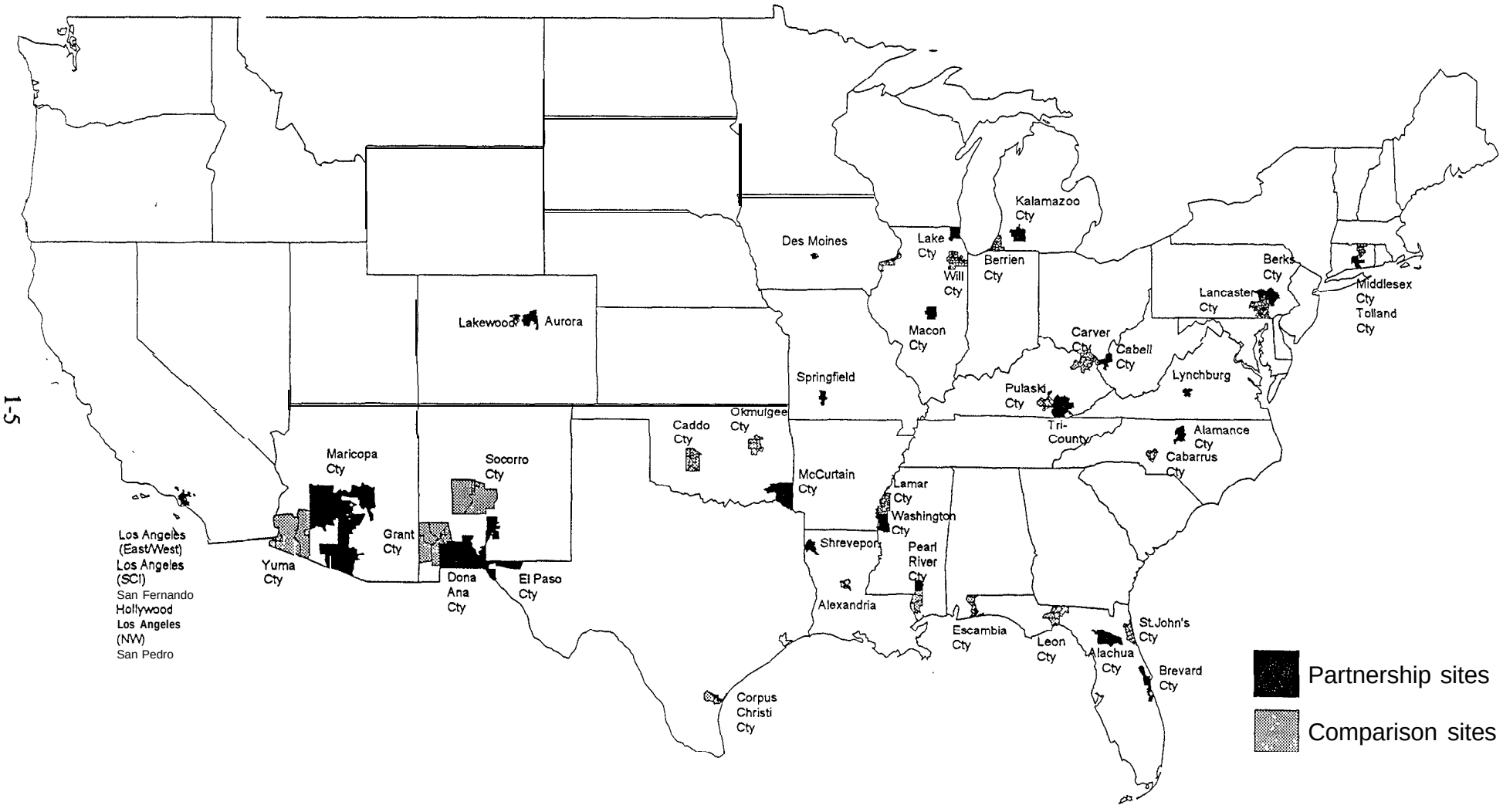
- Successful and innovative community-based partnership models;

- Effective strategies for the prevention of substance abuse in communities;

- Common inhibitors to the formation of effective partnerships; and

Exhibit I-2

LOCATION OF 24 PARTNERSHIP AND 24 COMPARISON COMMUNITIES



- Common inhibitors to the design and implementation of substance abuse prevention strategies in communities.

Evaluation Design. The National Cross-Site Evaluation employed a two-tiered approach. The first tier involved data collected from all of the grants; the second tier involved data collected from a representative, stratified sample of 24 of the grants as well as an additional 24 nonpartnership communities matched to the original 24, according to predefined demographic criteria (see ***Fifth Annual Report*** [CSAP, 1997, pp. 3–2-3–9]). The first-tier data collection consisted mainly of an annual survey completed by the grantees themselves and administered by the evaluation team, as well as analyses of the internal and periodic reports submitted by the grants to SAMHSA-CSAP.

All of the findings related to substance abuse outcomes came from data collected as part of the second tier. Data were collected during:

- Cross-sectional surveys, at two points in time, of representative samples of adults and youths in 48 communities, covering substance abuse and related questions; and

- Archival, community indicator data about the 48 communities, covering community and other outcomes related to substance abuse.

Other data were collected through:

- Annual site visits to each of the 24 partnership grants; and

- Brief site visits to the 24 comparison communities.

The basic evaluation design for the second tier was a classic quasi-experimental design: comparison of two groups (partnership and comparison communities) at two points in time (1994-1995 and 1996). Analytically, the entire evaluation considered the "community" to be the main unit of assignment or analysis. Therefore, the evaluation focused on 48 communities, with data collected either about the entire community or about individuals within the community. A "nested" design was used with the data collection unit being individuals in intact social groups. As a result, the analyses include statistical procedures that offset the artifactual effects of the nested design (Yin, Kaftarian, Yu, and Jansen, 1997).

1.2 EARLIER REPORTS BY THE CROSS-SITE EVALUATION AND THE CONTENTS OF THIS FINAL REPORT

1.2.1 Earlier Reports

The progress of the cross-site evaluation already has been reported in many ways. First, there has been a series of five annual reports. The first two annual reports covered preliminary design and data collection issues, as well as the theoretical perspectives that influenced early thinking about the evaluation. The ***Third Annual Report*** (CSAP, 1993) began to cover the actual empirical experiences from the field. The ***Fourth Annual Report*** (CSAP, 1995) then covered an updated "customized framework" and the results of the first wave of surveys-reporting substance abuse outcome data for the first time. The ***Fifth Annual Report*** (CSAP, 1997) contained the results of the second wave of surveys, enabling it to conduct and present the main outcome analysis for the entire evaluation. The report also contains the complete methodology and instruments used in the final evaluation.

Second, the evaluation has produced three journal publications and has made numerous presentations at professional meetings. The first journal publication covered theoretical and methodological issues and itself was a special issue of the ***Journal of Community Psychology*** (Kaftarian and Hansen, 1994). The second publication (Yin, Kaftarian, and Jacobs, 1996) discussed the emergence of the "customized framework." The publication highlighted the developmental process whereby the cross-site team collaborated with local partnership leaders and evaluators, as well as federal staff involved in the partnership program, to produce the framework during 1994-1995. A third published report (Yin, Kaftarian, Yu, and Jansen, 1997) contains the major outcome analysis, drawing from the same materials presented in greater detail in the ***Fifth Annual Report*** (CSAP, 1997). A fourth issuance was a background paper shared as part of the Youth Substance Abuse Prevention Initiative of the U.S. Department of Health and Human Services (Yin and Kaftarian, 1997), which covered the main outcomes as well as the organizational path analysis now found in Chapter 3.

1.2.2 The Organization of This Final Report

Missing from all the previous reports is the comprehensive assessment, including analyses of partnership processes that occurred only after the completion of the ***Fifth Annual Report*** (CSAP, 1997). This final report provides the comprehensive assessment. However, it does not repeat the methodological and procedural materials reported earlier. Nor does the report include the individual case reports from the 24 partnerships that were

the subject of annual site visits over a four-year period. Each of these case reports is a self-standing document that is available separately.

The comprehensive assessment begins in Chapter 2 with a summary of the main substance abuse outcomes (use of illegal drugs or alcohol as reported in surveys of adults, 8th graders, and 10th graders), addressing the question of whether community partnerships were associated with reductions in substance abuse. The summary is accompanied by the analysis, not previously completed or reported, of other relevant, substance abuse-related outcomes-community indicators based on drug-related hospitalizations, drug-related crime, and drug-related traffic fatalities. The chapter concludes with another new analysis, not reported earlier, of additional process variables in the surveys, that permit the testing of a sequential process whereby substance abuse prevention might occur among individual adults. Together, these three components of Chapter 2 are intended to deal with both of the main evaluation questions-whether partnerships lead to reduced substance abuse (as reflected by a variety of outcome measures) and how prevention occurs (at the level of the individual resident).

The remainder of the report fully investigates how partnerships might work to produce prevention, from an organizational standpoint. Chapter 3 begins with a summary of an organizational analysis, previously reported and based on data from all of the partnerships, showing how partnership (and not just prevention) features appear to be important to outcomes in a general manner. The chapter then examines a series of general partnership characteristics, hypothesized at the outset of the evaluation to be of importance in producing the desired partnership outcomes: the "dosage" of prevention activities, the amount of federal funding provided to the partnerships, partnerships leadership type, partnership age, and several other features. Each feature is treated *singly,* to determine whether any single one was associated in a statistically significant way with the main outcomes. All told, Chapter 3 presents the evaluation's further response to the second of the two main evaluation questions-i.e., defining how prevention occurs.

Chapter 4 investigates those partnership features and prevention strategies associated with successful individual partnerships-mainly based on the in-depth information available from the site visits to the 24 intensively studied partnerships. The individual partnerships are first assessed and ranked according to the extent they displayed the desired processes or features, based on hypotheses from the literature. Chapter 5 then compares the rankings with the partnerships' rankings on the main outcomes, as well as on another commonly valued policy outcome-the likelihood of partnership continuation beyond the period of initial federal (i.e., SAMHSA-CSAP) funding. The chapter concludes with the lessons learned about successful partnership models, effective

prevention strategies, and common barriers to successful partnership formation and prevention implementation. The chapter therefore covers all the remaining questions to be addressed by the evaluation.

Chapter 6 gives a summary account of the Community Partnership Program, based on all of the findings. The program is portrayed as having provided an extensive set of experiences on a worthwhile though yet unproven effort to change community systems and norms, to prevent substance abuse.

SECTION 2

Evidence of Partnerships' Success in Preventing Substance Abuse

2. EVIDENCE OF PARTNERSHIPS' SUCCESS IN PREVENTING SUBSTANCE ABUSE

2.1 OVERVIEW OF THE OUTCOME ANALYSIS

Data about substance abuse outcomes were collected two ways: through a series of resident and youth surveys (covering substance use) and through archival community indicators (covering related behaviors). Because of the cost of the surveys, only two rounds of surveys were planned; because of the much lower cost of obtaining the archival data, the hope was to obtain annual indicators over the entire five-year period of the partnership program.

For both the surveys and the archival indicators, the evaluation followed a quasi-experimental design, with 24 partnership communities selected as a stratified representative sample of the 2.51 funded partnerships. Using demographic and social conditions as criteria, the 24 were matched to 24 comparison communities. The only other condition for matching was that a comparison community could not have a community partnership funded either by SAMHSA-CSAP or by a similar effort funded by the Robert Wood Johnson Foundation-its *Fightirzg Back* program. However, the comparison communities might nevertheless have had substantial prevention efforts of their own. The outcome data were then collected from both sets of communities. (As previously noted, the survey methods and results have already been reported in great detail in CSAP, 1997.)

2.2 REPORTED SUBSTANCE ABUSE IN COMMUNITY SURVEYS

For the surveys, because CSAP funded nearly all of the community partnerships for a five-year period, the most desired interval between the two points in time would have been a baseline point and a post-intervention point, roughly 1990-1991 and 1995-1996. However, due to a belated mandate for the outcome evaluation of the program, as well as difficulties in implementing the data collection process-including receiving the necessary clearances-1994-95 and 1996 (an 18-month interval) became the two points in time for most pairs of communities. As a result, differences found within this abbreviated interval are likely to underestimate the possible effects of the Community Partnership Program and exacerbate the difficulty of evaluating the program.

2.2.1 Data Collection

The evaluation used the same measures of substance abuse behavior as those in the annual national surveys (Johnston, O'Malley, Bachman, and National Institute on Drug Abuse, 1995; SAMHSA, 1995). Comparable instruments were designed to cover **three** age groups in the 24 partnership and 24 comparison communities: adults (through telephone interviews with a random sample of about 300 persons in each community at each point in time), and 8th and 10th graders (through classroom questionnaires administered to representative samples of about 350 8th graders and about 325 10th graders in each community at each point in time). Exhibit 2-l shows the total number of persons surveyed. For the adults, the response rates were 75.2 and 76.4 percent for the two points in time; for the 8th graders, 73 and 78 percent; and for the 10th graders, 64 and 68 percent, respectively.

The survey instruments therefore contained questionnaire items on substance use that precisely replicated the items presented in the two national substance abuse surveys sponsored by the U.S. Department of Health and Human Services (DHHS) every year— the Monitoring the Future Survey for youths and the National Household Survey for adults (SAMHSA, 1995; Johnston, O'Malley, Bachman, and National Institute on Drug Abuse, 1995). Individuals were asked to report whether they had used any of nine individual illicit drugs or alcohol, either during the past month or during the past year. Participants also were asked to estimate the amount of a given drug they might have used; however, for the purpose of the outcome analysis, all responses were coded into binomial form ("used, " or "not used"). Further, the responses to all of the individual illicit drugs were aggregated, so that any illicit drug use led to a "use" designation in the binomial. The tabulation of the individual responses for any given community was then considered the community's *prevalence rate.*

All of the data were analyzed utilizing two different approaches: 1) an aggregate, pooled analysis of all 24 partnership and 24 comparison communities; and 2) a paired analysis of the individual partnerships compared to their matched comparison communities. Both approaches, however, addressed the same major, summative question for the entire evaluation:

> *Did partnership communities show decreased prevalence rates for substance abuse, over time, relative to their matched comparison communities?*

Exhibit 2-1

SURVEYED POPULATIONS:
COMMUNITY PARTNERSHIP PROGRAM*

	t_1	t_2	Total
Adult (phone)	14,807	12,092	26,899
Tenth graders (field)	12,842	13,042	25,884
Eighth graders (field)	14,151	16,539	30,690

*A total of 48 communities participated in the surveys at t_1 and t_2, respectively, for adults; 42 communities participated in the two surveys for the ninth graders and 40 communities participated in the surveys at t_1 and t_2, respectively for eighth graders.

The rationale for the two different approaches rests on different interpretations of the Community Partnership Program. The pooled analysis assumed that the same intervention had been conducted at each partnership site in the project; the paired analysis assumed different interventions. Because both interpretations may be justified, the analytic strategy was to use both approaches rather than to favor one or the other.

2.2.2 Results of the *Pooled* Analysis

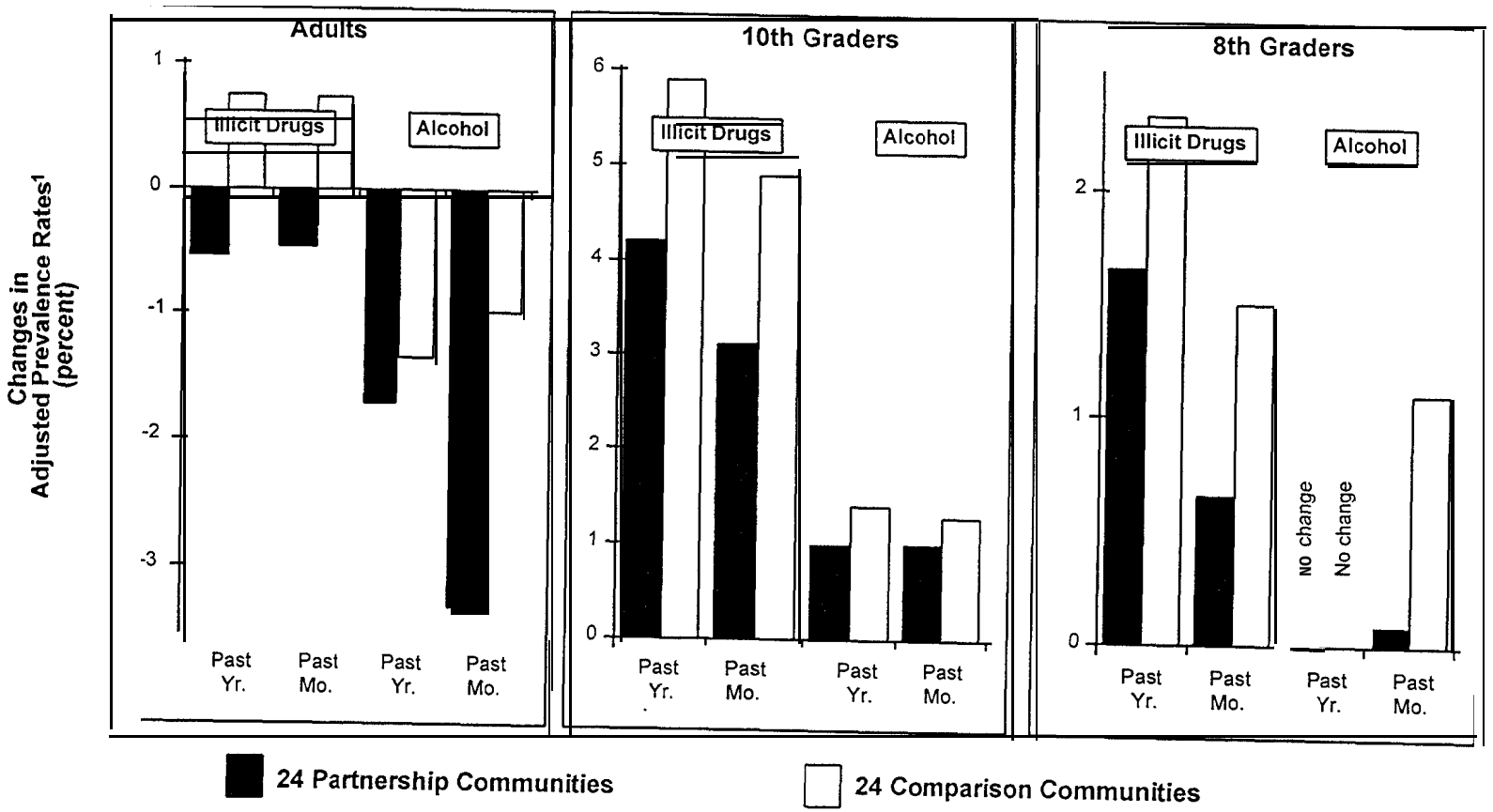
The ***pooled*** analysis took into account the effects of the nested design (individuals surveyed within communities, or "intact social groups") by using SAS Proc Mixed-a general linear "mixed model" regression (Murray and Wolfinger, 1994).[1] The analysis aggregates all individual responses from the partnership communities, comparing the result with the aggregate of all individual responses from the comparison communities; the two points in time are represented by an interaction term. Twelve separate regressions were estimated because there were 12 different dependent variables representing a combination of three age groups (adults, 8th graders, and 10th graders), whether drugs were used in the past month or past year, and two types of drugs (illicit drugs and alcohol).

Findings. Exhibit 2-2 presents the adjusted prevalence rates, comparing the partnership and comparison community outcomes over the two points in time, and for all

'SAS Proc Mixed is one of many models available for analyzing hierarchical data, and was chosen for its appropriateness, sensitivity simplicity, and efficiency.

Exhibit 2-2

PARTNERSHIPS' PREVALENCE RATES COMPARED TO COMPARISON COMMUNITIES RATES, 1995-1996



12 variables. The exhibit shows that, for every comparison except where there was "no change," the partnerships' rates changed in the favorable direction-i.e., reduced substance abuse-relative to those of the comparison community. In some instances, both communities' rates were declining, but the partnership communities declined more. In other instances, both communities' rates were increasing, but the partnership communities increased less.

Exhibit 2-3 presents the tests used to determine the statistical significance of these partnership-comparison community differences. The key calculation is found in the column entitled "Difference in Slopes"-the difference between partnership communities' and comparison communities' slopes over two points in time. The slope represents the difference in outcome (prevalence) per unit difference in the time variable. For the current evaluation the predicted direction of the differences in slopes was negative-the partnerships' slope should have declined in contrast to the comparison communities' slope. The data show that only one (adult alcohol use in the past month) of the 12 differences in slope was statistically significant between partnership and comparison communities. A number of rival explanations and artifacts were investigated and reported in earlier reports, but the pattern of 12 outcomes persisted.

Interpretations. One interpretation of the results is that, for the aggregate pattern across all partnerships, no differences existed because of the lack of statistical significance in all but one comparison. By this interpretation, when there are no statistical differences, any characteristics of the data, even their directionality, should be ignored.

Several conditions may have discriminated against finding any statistical advantage favoring the partnerships: 1) the brevity of the interval between the two surveys (18 months); 2) the possibility that the comparison communities might have mounted equivalent or even more potent prevention initiatives, compared to the partnership communities; and 3) the possibility that attending only to the general prevalence rates for each community might have masked variations in the prevalence rates for the smaller subareas or ethnic groups targeted by some of the partnerships (the evaluation had opted to ignore these variations for subgroups within partnership communities, because they would have jeopardized the direct comparability between the samples in the partnership and comparison communities). Under these circumstances, a second, more favorable interpretation of the partnerships' outcomes might be warranted: of the twelve outcomes that were assessed, everyone reflected reduced substance abuse for the community partnership communities relative to the comparison communities; nevertheless, only one of the twelve reductions was statistically significant, and all of the reductions were rather small.

Exhibit 2-3

SUMMARY OF MIXED-MODEL REGRESSION RESULTS

Age Groups	Outcome Variables	Difference in Slopes	DF	F	Covariance Parameter Estimate Ratio Θ	ICC	p	n
Adult	Illicit Drug Use in the Last Year	-0.00078	46	1.72	0.00326522	0.0033	0.1961	26676
	Illicit Drug Use in the Last Month	-0.00061	46	1.81	0.00233931	0.0023	0.1846	26676
	Alcohol Use in the Last Year	-0.00040	46	0.31	0.00191534	0.0019	0.5817	26666
	Alcohol Use in the Last Month	-0.00159	46	4.33	0.00152872	0.0015	0.0431	26603
10th Grade	Illicit Drug Use in the Last Year	-0.00104	41	0.92	0.00362952	0.0036	0.3433	25159
	Illicit Drug Use in the Last Month	-0.00114	41	1.47	0.00313351	0.0031	0.2324	25161
	Alcohol Use in the Last Year	-0.00030	41	0.07	0.00540958	0.0054	0.7982	25135
	Alcohol Use in the Last Month	-0.00015	41	0.01	0.00721719	0.0072	0.9095	25129
8th Grade	Illicit Drug Use in the Last Year	-0.00047	41	0.10	0.00351546	0.0035	0.7550	29865
	Illicit Drug Use in the Last Month	-0.00067	41	0.28	0.00261863	0.0026	0.5996	29869
	Alcohol Use in the Last Year	0.00006	41	0.00	0.00403031	0.0040	0.9715	29831
	Alcohol Use in the Last Month	-0.00083	41	0.34	0.00297982	0.0030	0.5606	29825

Key: DF = Degrees of Freedom
F = Type III F
ICC = Intraclass Correlation Calculated as $\frac{\theta}{1+\theta}$
p = Probability of Significance
n = Size of Sample Used in This Analysis
N/A = Not Applicable

[2]Scaled weight, calculated as base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.
[3]Time, defined as months between grant award and survey administration date, was used.
[3]Community cluster was used.
[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income **(only age,** gender, and race were used in the youth data).
[5]Difference in slope was estimated as partnership communities' slope minus comparison communities' slope.

For the aggregate analysis, the evaluation was unable to arrive at a definitive distinction between these two interpretations. However, in certain respects the first interpretation might be considered overly cautious, for the following reasons. Because of the "nested" design (individuals embedded within intact social groupings or communities), the statistical testing used the most up-todate, hierarchical or "mixed" models (SAS PRO MIXED, SAS Institute, 1996). Such models have only been developed in the past decade, due to the needed computational power, and research prior to that time would have relied on "fixed effect" models that do not account for the intra-class correlations produced by the nesting. (In an earlier report, the present evaluation demonstrated that, had the fixed effects models been used, all of the partnership-comparison community differences would have been statistically significant.)

The mixed model and other hierarchical models, however, are known to suffer from a major penalty: that the treatment effect must be assessed against the between-group variance-which is usually ***larger*** when based on intact social groups than when based on randomly constituted groups-a condition first pointed out by Cornfield (1978). According to Murray, Hannan, and Baker (1996), "... this variance inflation can severely limit the power to detect important treatment effects in an otherwise well-designed and properly executed study." Further, no compensatory procedures have yet been developed to counteract these methodological limitations (Murray, Hannan, and Baker, 1996). Thus, while use of the fixed effects models is inappropriate for the present design and overstates the statistical significance of the findings, the use of the mixed model potentially understates that significance. To this extent, the use of the mixed model in the present evaluation produces an interpretation of the data that may be overly cautious.

Beyond all of these questions was a further lingering problem: the possibility that the aggregate analysis was producing an "average" community that in fact represented no specific community at all. For instance, the use of individual confounders-as part of the mixed-model regressions-stemmed from the common (methodological) problem that certain demographic differences (e.g., age, gender, and race) have usually been associated with differential prevalence rates. A fair comparison between the partnership and comparison communities therefore required that the variance associated with these demographic factors first be controlled, and this procedure was the basis for the mixed model results reported in Exhibit 2-3.

An alternative possibility is that, rather than "controlling" for such differences, the differences should be examined directly (see CSAP, 1997, pp. 5-9 to 5-13 for a full discussion). Of all these possibilities, the most intriguing was the partitioning of the sample according to gender, because male substance abuse may be a more important community outcome than female substance abuse due to males' traditionally higher

prevalence rates. As previously reported (CSAP, 1997), males in the partnership communities showed more statistically significant reductions in substance abuse, compared to males in the comparison communities. Conversely, females in the partnership communities showed one statistically significant ***increase,*** compared to their counterparts in the comparison communities. The results suggest that community partnerships may have had greater effects on males, but also that renewed efforts might be considered in the future, regarding the development of prevention activities aimed at females.

These results suggest that the Community Partnership Program may have had a greater effect in preventing substance abuse with regard to males in the youngest age group among those sampled-a group that might be considered more important in the long run because of their young age and the fact that males historically have higher prevalence rates than females. Reductions in this group may therefore be a more relevant policy outcome.

2.2.3 Results of **the *Paired*** Analysis

The paired analysis compared the survey responses from each individual partnership community with the responses from its own matched comparison community, and ordinary linear logistic-model regressions were used to analyze the data (Hanushek and Jackson, 1979), with the dependent variables still defined in the same binomial manner, Because there were 12 dependent variables, 12 (times 24) different regression models were estimated for each pair of communities; however, with data missing from four pairs of 8th-grade communities and five pairs of 10th-grade communities, regressions were estimated (288 minus 24) overall.

The results of this analysis showed that 22 of the 264 regressions (8%) were statistically significant at the $p \leq .05$ level, affecting 8 of the 24 partnerships (several partnerships had more than one significant relationship). Rival explanations and artifacts again were investigated, but the pattern of results remained unchanged. Recalling that the entire set of ***24*** partnerships had represented a stratified, random sample of the entire set of funded partnerships, the identification of 8 community partnerships with statistically significant reductions in substance abuse (relative to their comparison communities) may be taken as a potentially encouraging sign of the Community Partnership Program's efficacy.

2.3 COMMUNITY INDICATORS OF SUBSTANCE ABUSE

The cross-site evaluation also investigated the use of community indicators, other than the survey responses, as outcome measures. The additional indicators, covering diverse conditions as drug-related crime and arrests, drug-related traffic fatalities, and substance abuse related births, were viewed as alternative outcomes in addition to the responses to surveys. However, despite extensive effort to collect indicators at both local and national levels, the result was that no complete comparisons between the partnership and comparison communities could be made, and the only partial comparisons yielded no significant differences.

2.3.1 **Locally Available Community Indicators**

The evaluation's initial strategy was to define and collect locally generated indicators (CSAP, December 1992). Based on early success in finding such data at some of the partnership sites in conjunction with their annual site visits, the evaluation team undertook a systematic search of all 48 partnership and comparison communities, with site visits made to the comparison communities specifically for this purpose.

After repeated attempts, the results revealed that comparable data could be collected for 20 of the 24 community pairs (Appendix A provides, on a pair-by-pair basis, a list of all the comparable data that were collected). However, in some cases the data, while comparable, did not cover the minimal time period (1991-1996) that reflected the operation of the Community Partnership Program. Further, the data often covered extremely different and idiosyncratic categories across pairs, reducing confidence in arriving at a program-wide conclusion. Finally, for many data categories, the reported incidence was very low (e.g., 3 or 4 incidents per year), making stable estimates of differences difficult. For these reasons, analysis of the locally collected community indicators was not pursued any further.

2.3.2 **Nationally Available Community Indicators**

Because of the difficulties with the locally collected indicators, the evaluation team began a belated investigation of three sources of nationally available indicators: hospital discharges, assembled on a state-by-state basis; uniform crime reports; and fatal accidents. Appendix B contains a full report of this investigation, including a discussion of the merits and disadvantages of collecting the indicators from local or national sources.

Because this aspect of the cross-site evaluation was started at the very end of the evaluation, only partial information could be assembled. For the hospital discharge data, for instance, only data for 1992-1994 and for a select number of states were available. Similarly, 1996 crime indicator data would not be available until early 1998. Nevertheless, the available data, covering a portion of the partnerships and their matched comparison communities, were analyzed. Appendix B presents the results of the analyses, showing no particular differences between partnership and comparison communities, reflected either by statistical significance or by any other pattern of observing the data.

2.4 EVIDENCE SUPPORTING PARTNERSHIPS' EFFICACY IN INFLUENCING A "SUBSTANCE ABUSE PREVENTION SYSTEM"

2.4.1 Developing a Theoretical Model of Substance Abuse **in a Community**

The previously defined surveys did not just cover substance abuse behavior (outcomes). The questions in the survey instruments also inquired about related activities, such as the respondent's report about his or her own neighborhood, about participation in prevention activities, and about attitudes toward drug use. To tie these questions together, a theoretical model was first derived from the ongoing cross-site evaluation of the Robert Wood Johnson's *Fighting Back* program, which also has supported community partnerships since 1991. That evaluation points to a "substance use system, " whereby the investigators stipulate that the following items should be relatable (Saxe et al., 1995, pp. 36-37):

- The degree of substance abuse by one's interpersonal network;
- The amount of drug dealing and public displays of excessive drug use in one's neighborhood;
- One's opinion about other's drug use; and
- The extent of actual drug use by the individual.

Ideally, prevention interventions need to disrupt this system and make the items all move in the same desired preventive direction (or reinforce the system if the items already are moving in the desired direction). A major hypothesis would therefore be that *participation in drug prevention activities* should be associated with an individual: 1) having interpersonal relationships with others that do not use drugs; 2) living in a

neighborhood where there is no drug dealing or public displays of excessive drug use ("good" neighborhood); 3) having a disapproving opinion about other's drug use; and 4) making less or little use of drugs in actual behavior.

2.4.2 **Data Analysis and Results**

For the 1994-1995 and 1996 surveys of adults, the variables in the surveys were recoded to capture as much of this theoretical model as possible. Appendix C presents the recoded items and the results of a path analysis, which was used to estimate the effects of antecedent variables on the consequent variable in the hypothesized causal system (see Duncan, 1966; Asher, 1983; and Bohrnstedt and Knoke, 1982, for details about this procedure). The resulting path coefficients are interpreted in terms of the change in the dependent variable associated with 1 unit change in standard deviation. For example, a path coefficient of 0.50 would mean that a 1 standard deviation increase in an independent variable leads to a one-half standard deviation increase in the dependent variable.

Eight path models were tested, covering each survey year (1994-1995 or 1996), two different types of drugs (illicit and alcohol) as dependent variables, and whether each different type of drug was used for the past month or the past year. As in the earlier analysis of the survey data, all of the models controlled for the effects of the various individual confounders (age, gender, marital status, race/ethnicity, education, employment, and income). Of these eight models, six produced only partial replication of the theoretical model, but two models-related to *illicit drug use during the past* month-did replicate the entire theoretical model and with an important difference between the 1994-1995 and 1996 models. Exhibit 2-4 shows these two models.

The exhibit shows that, first, in the 1994-1995 survey, the predicted relationships were found among the respondents': *reported involvement in neighborhood drug prevention efforts; residing in a neighborhood with low drug availability, drug use, and drug dealing; disapproval over the use of any of the illicit drugs in question;* and *reported illicit drug use for the past month.* Although the coefficients were low in value, and the overall R^2 equaled only 0.15, the relationships were all statistically significant at the $p \leq .05$ level and in the predicted direction-i.e., the independent variables were negatively associated with the dependent variable *(illicit drug use for the past month).*

The exhibit then proceeds to show that, in the 1996 survey, not only were there more statistically significant relationships among these independent variables, still in the predicted direction, but now a fifth variable-whether *the respondent was in a partnership community-also* was significantly related to the rest of the model, including

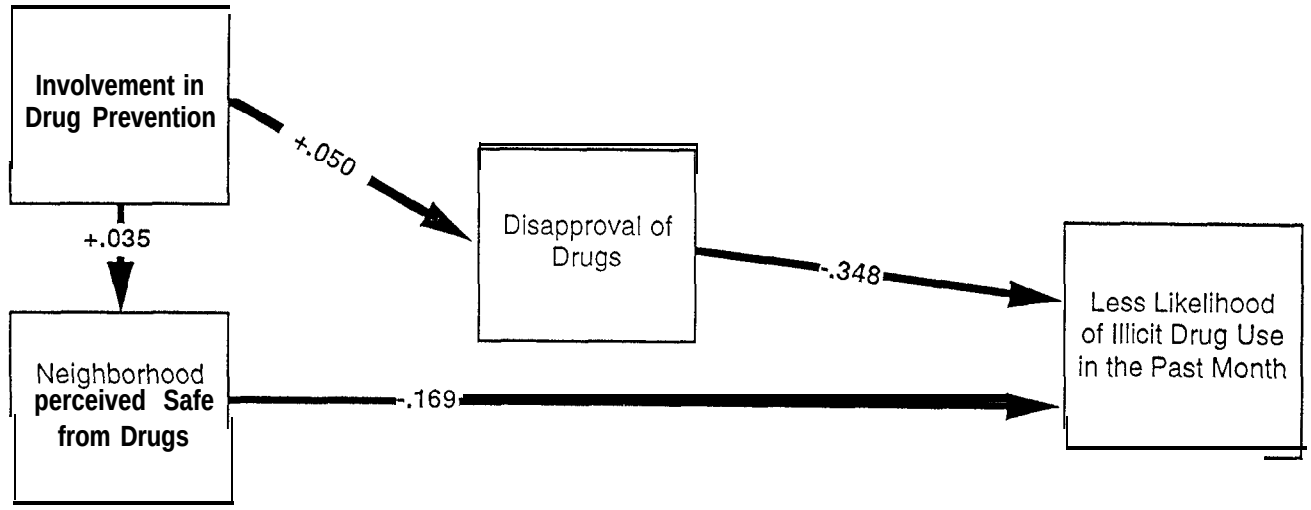
a direct and inverse relationship with the dependent variable (illicit *drug use fur the past month).* The coefficients were again low, and the overall R^2 equaled 0.14, although all relationships were again statistically significant at the $p \leq .05$ level and in the predicted direction.

An overall interpretation of these two path models not only provides statistical evidence in support of a substance use prevention system, but also suggests that, by 1996, the communities with partnerships were better off than the matched comparison communities, reflected by the statistically significance of the partnership variable in the 1996 model. Although stronger relationships among the variables and although changes over a longer period of time would have been preferred, the existing data nevertheless do provide additional evidence regarding the possible efficacy of the community partnerships.

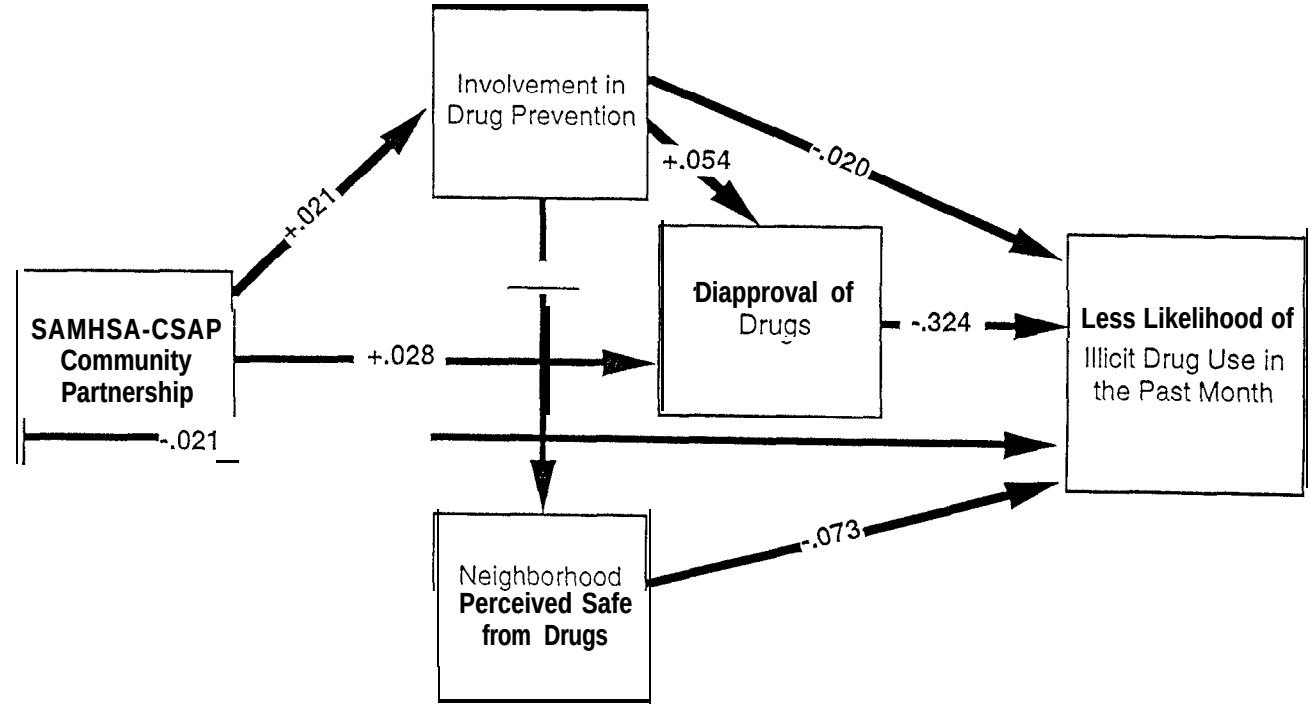
Exhibit 2-4

PATH MODEL OF ADULT ILLICIT DRUG USE IN THE PAST MONTH, 1995-1996

5.1: Path for 1994-95
(n=12,290) r^2=.15



5.2: Path for 1996
(n=9,832) r^2=.14



SECTION 3

General Characteristics of Community Partnerships and Their Relation to Prevention Outcomes

3. GENERAL CHARACTERISTICS OF COMMUNITY PARTNERSHIPS AND THEIR RELATION TO PREVENTION OUTCOMES

Chapter 2 ended with an analysis of the potential efficacy of community partnerships. However, left unanswered was the role of a community partnership as an organization and how it might function to produce the desired outcomes. This chapter therefore begins such an inquiry by examining the general characteristics of partnerships and their relation to prevention outcomes.

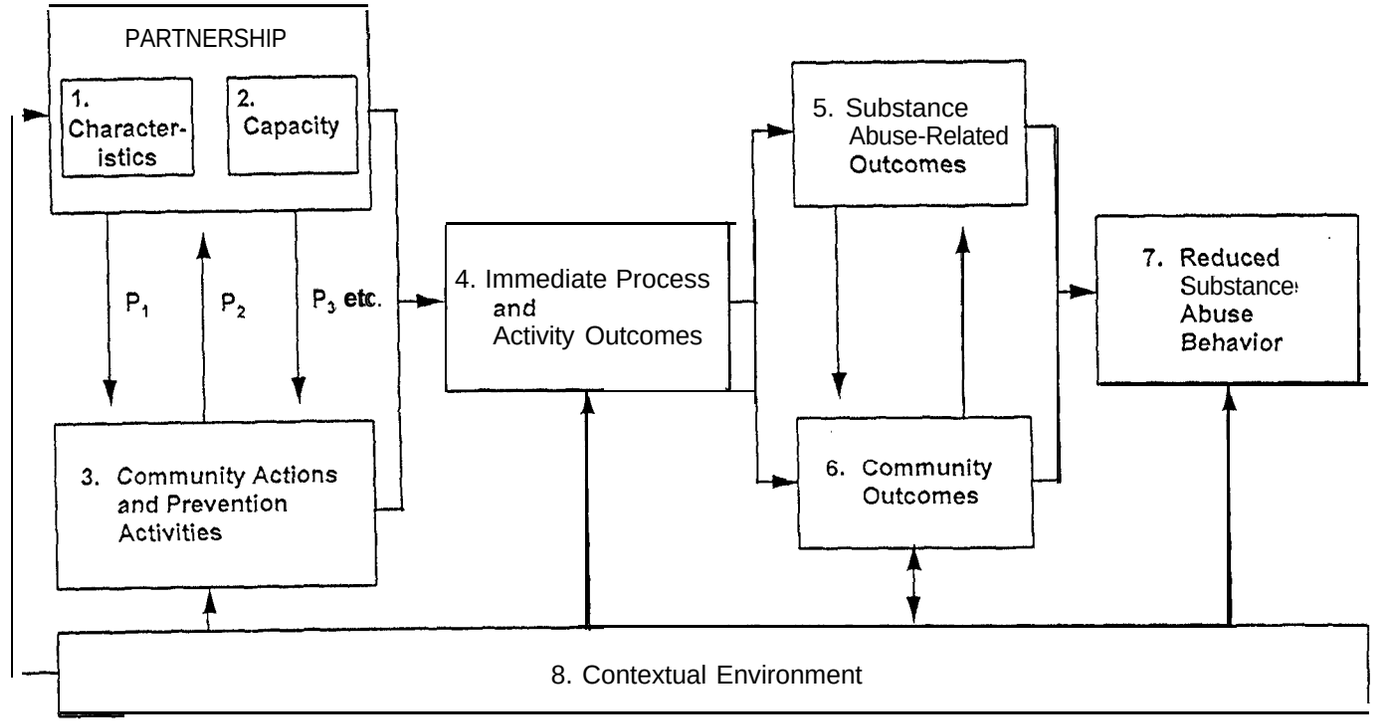
3.1 THE "CUSTOMIZED FRAMEWORK"

A guiding framework for the inquiry was a "customized framework," shown in Exhibit 3-l. The framework was developed specifically for the present evaluation and tailors the more generic "open-systems" framework, in which an organization and its environment interact in a complex manner (hence, "open system"). Key features of the framework (see Exhibit 3-l) are its:

- Focus on substance abuse behavior as the ultimate outcome of interest;
- Identification of immediate partnership outcomes, such as improved coordination of prevention services, as legitimate early signs of success for a partnership;
- Recognition that partnerships engage in community building and therefore do more than initiating and supporting drug prevention activities; and
- Understanding that partnerships must develop organizational capacity that in part can be promoted by supporting visible prevention activities that draw attention to the partnership (the capacity-building occurs in "phases," hence the use of "P_1," "P_2," and "P_3").

Exhibit 3-1

MAIN COMPONENTS OF CUSTOMIZED FRAMEWORK FOR EVALUATING COMMUNITY PARTNERSHTPS



Articulation of the framework results in the identification of specific variables that can then be monitored in assessing partnerships' progress. Appendix D contains a list of the variables that were defined in the initial articulation of the framework, which was a joint effort by the cross-site evaluation team, partnership program directors, partnerships' local evaluators, and SAMHSA-CSAP partnership staff (see Yin, Kaftarian, and Jacobs, 1996, for a description of this process).

3.2 EMPIRICAL TEST OF THE CUSTOMIZED FRAMEWORK

Community partnerships are costly and time-consuming undertakings. They are not absolutely essential if the narrower goal is merely to support a set of drug prevention activities. Thus, an early test of the importance of partnering-following the logic of the customized framework-was to see whether prevention activities alone could be associated with desired outcomes, or whether partnership activities also were important. Since this test and its results have been previously reported (CSAP, 1997; and Yin and Kaftarian, 1997), a summary is presented next.

Design and Methodology. The analysis was based on self-reported data via annual surveys distributed to all 251 funded partnerships, from 1993 to 1995 (not just those 24 partnerships surveyed for substance abuse outcomes). The dependent variable was the degree to which the partnerships reported attaining their own prevention programming goals. In addition to this dependent variable, the analysis covered, as independent variables, key portions of the customized framework: partnerships' characteristics, partnerships' capacity, prevention actions and activities, and intermediate process and activity outcomes (see Exhibit 3-2).

The analysis therefore derived from the customized framework as a hypothesized, theoretical model that guided the assembling of the initial candidate variables. All of these variables were then included in a "path" analysis, which is a stepwise series of regressions whereby each variable is regressed sequentially on all other variables posited as causally prior to it (Asher, 1983). The percentage goal attainment remained the main dependent variable.

Results. Exhibit 3-3 shows the three resulting empirical models (one for each year), revealing only the paths involving statistically significant independent variables at the $p \leq .05$ level. Numbers associated with each arrow represent the values of the coefficients. Overall, the variables explained 17 percent of the variance in the 1993 model, 44 percent in the 1994 model, and 36 percent in the 1995 model. (The sample

Exhibit 3-2

HYPOTHESIZED MODEL FOR BUILDING PARTNERSHIPS, BASED ON CUSTOMIZED FRAMEWORK

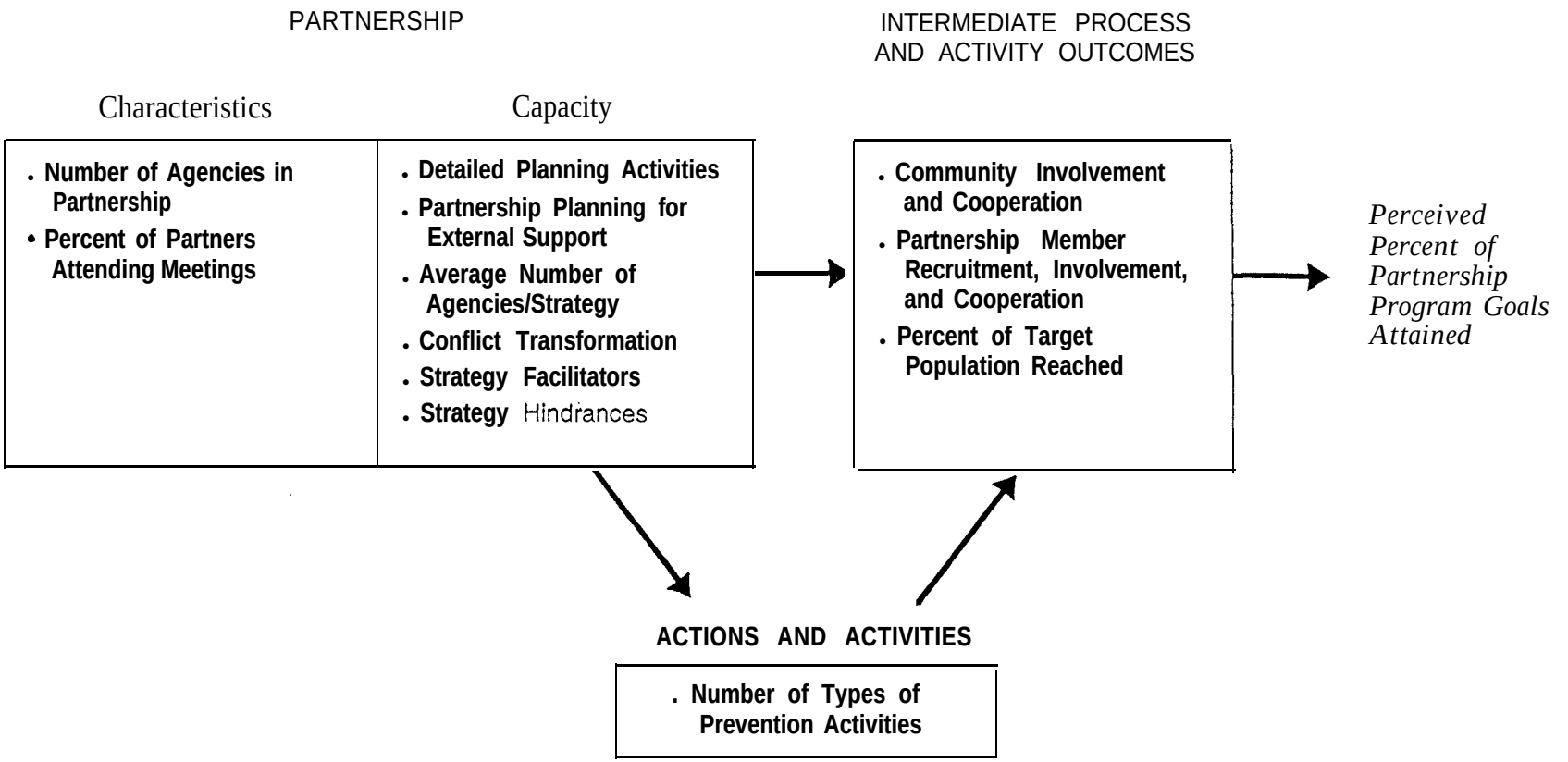
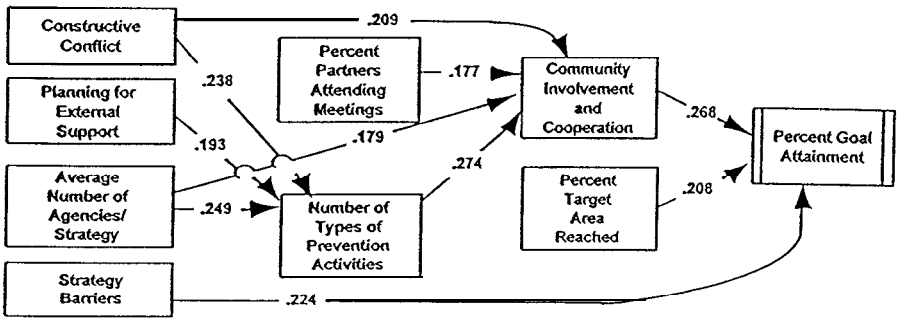


Exhibit 3-3

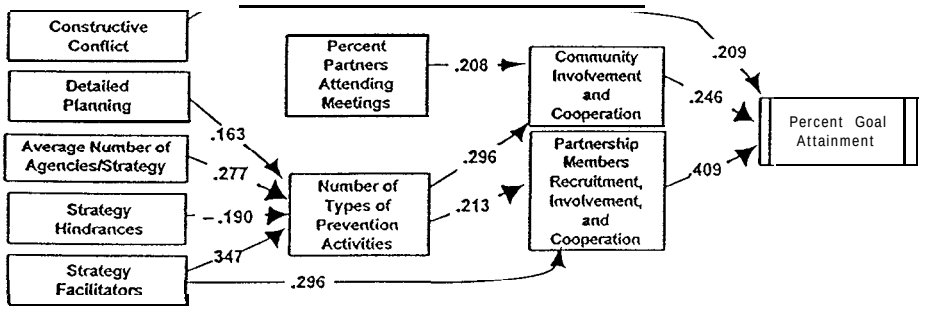
PATH DIAGRAM OF REPORTED GOAL ATTAINMENT **AND** COMMUNITY PARTNERSHIPS

PATH FOR 1993
(N=75), r^2=.17



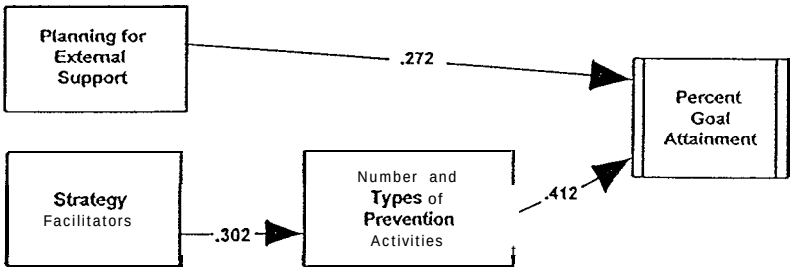
SOURCE: National Evaluation Survey Database (1993 data)
NOTE: Only coefficients significant at the $p \leq .05$ are listed.

PATH FOR 1994
(N=86), r^2=.44



SOURCE: National Evaluation Survey Database (1994 data)
NOTE: Only coefficients significant at the $p \leq .05$ are listed.

PATH FOR 1995
(N=111), r^2=.36



SOURCE: National Evaluation Survey Database. 1995
NOTE: Only coefficients significant at the $p \leq .05$ are listed.

sizes vary and are much smaller than the full group of partnerships because only those partnerships responding to every variable of initial theoretical interest could be included in the analysis.)

The results show that collaborative activities-i.e., engaging community residents, recruiting and involving partners, and reaching the target population-were indeed important in the earlier two models (1993 and 1994), so much so that they are statistically significant and the variables most closely associated with the dependent variable, a positioning on the causal path having greater primacy than the number and type of prevention services. At the same time, the prevention services are still significant parts of both models, confirming that the combination of partnering activities and prevention services were part of the overall pattern of success. As an overall result from these two earlier models, the analysis confirmed the broad theoretical model underlying the Community Partnership Program-collaborative activities, not just prevention services, are needed to accomplish prevention goals.

In contrast, the 1995 model shows a totally different pattern. The results do not necessarily contradict the 1993 and 1994 data but can be interpreted to reflect the partnerships' process through their final year or two of SAMHSA-CSAP funding. During this final period, partnerships may not have attended to collaborative activities (or the other related features in 1993 and 1994) in the same manner as they had in the past. Instead, the prevention services now played a direct and more important role in goal attainment, and the "planning for external support" function (not present in the 1994 model) became a prominent activity. This pattern suggests that the partnerships had turned their attention to the fundraising needed for the period after the SAMHSA-CSAP grant was to end.

3.3 PARTNERSHIPS' OTHER GENERAL CHARACTERISTICS AND THEIR RELATION TO SUBSTANCE ABUSE OUTCOMES

The promising results from the preceding inquiry still only demonstrated that partnerships' organizational features were a significant part of partnerships' goal attainment. The need remained to examine these features in relation to actual substance abuse outcomes.

Characteristics Included in the Analysis. To carry out this analysis and press further into explaining how partnerships might produce reductions in substance abuse, a series of tests was constructed. Each test examined a single partnership characteristic, determining whether the characteristic was significantly related to the pattern of

substance abuse outcomes previously presented in Chapter 2-i.e., reported use of illegal drugs and alcohol, on the part of adults, 8th graders, and 10th graders, and reflected by the same 12 dependent variables previously defined in Chapter 2. The characteristics that were tested were:

1) Prevention "dosage; "

2) Partnerships' involvement in local policies;

3) Partnerships' amount of funding from SAMHSA-CSAP;

4) The population density of the partnership versus comparison community;

5) Partnerships' type of leadership (grassroots, community leaders, or professionals);

6) Partnership age (whether partnership formed before onset of SAMHSA-CSAP funding or not); and

7) The SAMHSA-CSAP award cohort of the partnership (whether in the 1990 or 199 1 group of awards).

Analytic Strategy. The analytic strategy was to test each of these characteristics *singly,* meaning that they were not used together as part of an overall regression or multivariate analysis. The resistance to using such a multivariate analysis was that the evaluation had not stipulated any theory about this collection of variables prior to data collection, so they were only tested singly.

Furthermore, the analysis differed for two different subgroups of the seven characteristics. For one subgroup (covering prevention dosage, involvement in local policies, and population density), data had been collected for *both* the partnership and comparison communities, because the relevant characteristic pertained to the community in question. For this subgroup, the same type of mixed-model analysis conducted earlier with the substance abuse outcomes was used.

For the other subgroup (covering amount of funding, award cohort, type of leadership, and partnership age), the relevant characteristics pertained to a partnership, not a community, and because there was no partnership in the comparison community, there also were no relevant data. Ideally, the mixed-model regressions testing the

relationship between these partnership characteristics and the substance abuse outcomes should have been conducted with the sample of 24 partnership communities only. However, limiting the analysis to the partnerships reduced the denominator degrees of freedom, thereby increasing the probability of producing biased estimates of intervention effects.

To compensate for the deficiency in denominator degrees of freedom for the mixed-model regression, the sample was augmented by including comparison communities as part of the analysis. As a result, in all the conditions where data on community-level independent variables were not collected for comparison communities the comparison communities were coded as "0," representing "no partnership type," for example. In this analysis, comparison communities therefore became a reference group in looking at different levels of partnership-related independent variables associated with partnership communities.

3.3.1 **Prevention "Dosage"**

Dosage is an important condition for understanding possible differences in prevention outcomes; the concept of prevention dosage is derived directly from medical contexts. In prevention activities, dosage may vary according to activity ***duration (e.g.,*** length of time in place), ***intensity (e.g.,*** number of days per week or hours per day administered), and ***extensiveness (e.g.,*** size of the target population reached). Different dosages should lead to different expectations about likely outcomes. At the same time, the complexity and great variability among prevention activities preclude development of a direct, objective measure of dosage. Prevention is ultimately a complex social action that takes place (unevenly) over time.

Data Collection Procedures. Data on prevention dosage were collected from both partnership and comparison communities in site visits to each community. Since these visits occurred in 1996, the dosage data were regarded as coinciding with the later of the two points in time, in relation to the outcome measures. In both partnership and comparison communities, the site visits were aimed at identifying and estimating the substance abuse prevention activities occurring in the entire community. (For the partnership communities, this meant covering all activities, not just those associated with the partnership.) For each prevention activity, the data were later assembled in a form shown in Appendix E.

The data represented the ***reported dosage*** of prevention activities, based on interviews with four key informants in each community. These persons were most knowledgeable about substance abuse prevention activities in the community and worked

for one of the following four organizations: 1) the local law enforcement agency; 2) the local education agency; 3) the local public health agency; and 4) a nonprofit, community-based organization heavily involved in substance abuse prevention. Each informant was asked to describe all prevention activities in the community, not just those in their respective agency. The evaluation team believed that these four perspectives would reveal a high proportion, if not all, of a community's prevention activities.

Various methods were used to identify the proper informants, including telephone contacts prior to the site visit and, in the partnership communities, communication with the partnership (in some cases, the contacts were partnership members). In most comparison communities, the drug prevention coordinator or person in charge of alternative education for the local school district was asked to make recommendations and provide references for three prevention persons in other agencies. In comparison communities without a school coordinator, the United Way or a community-based organization was contacted first for these recommendations.

During the site visit, those conducting the interviews (hereafter, site visitors) explained to each informant the nature of the evaluation and of the visits being made to neighboring communities to collect supplemental information. A protocol of open-ended questions was followed in discussions with informants, who were encouraged to speak freely about prevention activities. Site visitors also gathered information on specific prevention topics, such as whether partnerships existed in the community.

Site visitors were encouraged to collect information on as many prevention activities as possible while on-site and then instructed to identify the 12 most successful or established activities for inclusion in the actual dosage calculation. For each activity, information was collected on the population targeted, how many people had been reached by it, when it was started, and its frequency in a year or other applicable time frame. The site visitor tried to verify all information by cross-referencing the activities described by officials.

Calculation of Dosage Score for Each Community. An aggregate dosage score was calculated for each community. This score was a single numeric entity-the ***number of prevention contact*** hours-representing the strength of the prevention activities in a community at one point in time. In this case, contact hours were derived using the number of people reached, duration (number of days and hours administered), and intensity (number of cycles completed) of each prevention activity. The dosage data represent prevention efforts in each community in 1996, coinciding with survey data collected that year. For the present analysis, estimation of dosage scores included prevention activities classified both as incentive and strategic activities. ***Incentive***

activities are aimed at increasing a partnership's visibility and resources, as well as raising awareness about prevention. *Strategic* prevention activities, in contrast, are aimed at achieving substantive, prevention outcomes. Exhibit 3-4 contains an illustrative list of prevention activities and their classification as *incentive* or *strategic* activities.

The single score was derived first by multiplying, for each incentive and strategic prevention activity, the three numbers collected regarding the: 1) *number of people reached; 2) length* of the incentive and strategic prevention activities measured in hours and days; and 3) *number of completed events or cycles* for the incentive and strategic prevention activity. The calculation approximated the concept of *"contact hours."* Next, the numbers of contact hours across all incentive and strategic prevention activities were summed separately. Finally, the total number of contact hours through strategic prevention activities was weighted five times the total number of contact hours for the incentive activities.

Test Between Partnership and Comparison Communities. To test for differences between partnership and comparison communities, the same mixed-model regressions were used (Yin et al., 1997), but now the dosage score was added to the model. In this case, the dosage variable was tested as a direct part of the community's overall interventions. The model led to the following articulation of the evaluation question:

> *Relative to comparison communities, do partnership communities with higher dosage show reduced prevalence rates compared to partnership communities with lower dosage?*

Under these conditions, the new dosage variable would be introduced into the model by combining it with the treatment variable (partnership communities were rank-ordered according to dosage scores, from high to low). If this interaction term (partnership-comparison, high-low dosage, by number of months after award) was found to be statistically significant, the result would establish a correlation between dosage and prevention outcomes.

Findings. Exhibit 3-5 presents the results of the analyses, in relation to all 12 of the original dependent variables. However, unlike the results in the earlier outcome analysis, there are 24 regression coefficients in this case: three age groups X four outcomes X two dosage levels (in the main outcome analysis, there were 12 coefficients only: three age groups X four outcomes X one level of community type). The data showed one statistically significant difference-adult alcohol use in the past month. In this case, partnership communities with higher dosage scores significantly associated with

Exhibit 3-4

AN ILLUSTRATIVE LIST OF PREVENTION ACTIVITIES, BY TWO TYPES

A. **Incentive**

1. Red Ribbon and other celebratory days or weeks;
2. Cultural and ethnic festivals or events;
3. Fundraisers;
4. Making prevention and educational materials available;
5. Use of posters, t-shirts, logos, and pamphlets;
6. Community-wide prevention education;
7. Clearinghouse or network for alcohol and drug information; and
8. Press releases or coverage.

B. **Strategic**

Generally involve a target population or client group:

9. School-based programs;
10. Programs based in public housing, community centers, and neighborhood organizations;
11. Alternative activities for youth;
12. Employment programs;
13. Providing developmental funds for community-based prevention efforts;
14. Education targeted at specific groups;
15. Specifically focused programs or strategies; and
16. Media campaign.

Generally aimed at institutional change, whether also having target population or not:

17. Workplace substance abuse prevention;
18. Neighborhood empowerment or development;
19. Development of regulatory and organizational alcohol and drug policy; and
20. Coordination of community prevention programs and organizations.

Exhibit 3-5

RELATIONSHIP BETWEEN DOSAGE OF PREVENTION ACTIVITIES AND PREVENTION OUTCOMES
(Summary of Mixed-Model Regression Results)

Age Groups	Outcome Variables	Difference in Slopes: High Dosage	Difference in Slopes: Low Dosage	DF	n
Adult	**Illicit drug use in the past year**	-0.00069	**-0.00089**	**45**	**26676**
	Illicit drug use in the past month	**-0.00080**	**-0.00052**	**45**	**26676**
	Alcohol use in the past year	**-0.00143**	**0.00015**	**45**	**26666**
	Alcohol use in the past month	-0.00254*	**-0.00108**	**45**	**26603**
Tenth Grade	**Illicit drug use in the past year**	**-0.00042**	**-0.00165**	**40**	25159
	Illicit drug use in the past month	**-0.00066**	**-0.00163**	**40**	**25161**
	Alcohol use in the past year	**0.00126**	**-0.00174**	**40**	**25135**
	Alcohol use in the past month	**0.00129**	**-0.00160**	**40**	**25129**
Eighth Grade	**Illicit drug use in the past year**	**-0.00117**	**0.00022**	**40**	29865
	Illicit drug use in the past month	**-0.00189**	**0.00008**	**40**	29869
	Alcohol use in the past year	**-0.00012**	**-0.00010**	**40**	29831
	Alcohol use in the past month	**-0.00250**	**0.00025**	**40**	29825

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis
*$p < .05$ level

[1]Scaled weight, calculated as base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

[2]Time, defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

[5]Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. The comparison group for the dosage variable was the omitted category in fitting the model.

reduced adult alcohol use in the past month relative to their comparison communities. None of the other models showed any statistically significant differences, nor were the slopes in nearly the same direction. The conclusion was that no relationship existed between dosage and substance abuse outcomes.

3.3.2 Local **Prevention Policies**

Local public policies, sometimes in combination with state and federal policies, can have a strong impact on substance abuse behavior. One of the important alternative strategies in prevention involves efforts to influence these policies; community partnerships can be a significant part of such efforts.

The value of community partnerships in this particular situation is their coalition-building potential. Whereas single agencies or organizations can mount specific prevention services or activities (which can be implemented as long as sufficient resources and skills exist), attempts to change policies, when involving ballot items or public hearings, usually require mobilization within the community. The mobilization needed in relation to any policy will likely necessitate some type of coalition-like a community partnership.

Broad Variety of Policies, But Lack of Knowledge about Priorities or the Appropriate "Mix" of Policies. The first challenge for community partnerships is to gain knowledge of the wide variety of potential policies and to prioritize efforts regarding actions on each. One determining factor in such decisions is the policy's influence on the area of concern. Prevention policies that have drawn much attention in the past include:

- Changes in the legal minimum drinking age (e.g., Wagenaar and Wolfson, 1994; Figlio, 1995; Wolfson, 1995);
- Curfews restricting youths from being on the streets during certain hours-when they are not in the presence of adults (e.g., "Juvenile Curfews," 1994; Reza, 1997);
- Restrictions on the sale of alcohol or tobacco to underage youths (e.g., Cummings and Coogan, 1992-93; Forster, Murray, Wolfson, and Wagenaar, 1995; Klepp et al., 1996; Wolfson et al., 1996);
- The passage and implementation of increased taxes on tobacco products (e.g., Hu et al., 1994); and

- Prohibition of or restrictions on smoking in workplaces (e.g., Rosenstock, Stergachis, and Heaney, 1986; Petersen et al., 1988; Biener et al., 1989; Elder et al., 1996).

Gaining mastery over such a diversity of policies, much less garnering support for them, can be an awesome undertaking, especially since the groups advocating each policy are likely to be diverse, too.

A further element of this challenge is attending to the "mix" of desirable policies-an as-yet unexplored topic. Not doing so could dilute the effects of some policies because other supporting policies or activities have not been put into place. For instance, stricter law enforcement policies with regard to youths may work better if a variety of local agencies, including schools and social services, coordinate and cross-reference their record-keeping systems with the law enforcement agency. Yet the basis for an effective interagency policy may not have been created.

Limitations in Implementing Policies. A second challenge for community partnerships is to find ways not only of supporting the passage of the desired policies but also their implementation.

First, the presumed desirable effect of some policies-such as curfews-has not been demonstrated (e.g., "Juvenile Curfews," 1994; Reza, 1997).

Second, some policies whose effects might be understood even on an intuitive basis-such as reducing the blood alcohol content in driving-under-the-influence laws to extremely low levels-cannot be adopted because they would cause a massive diversion of enforcement resources (e.g., away from the enforcement of laws not dealing with substance abuse and that might possibly be more important than substance abuse issues), or the full implementation might produce an unacceptable level of public harassment.

Third, some policies-such as code enforcement of housing violations that might lead to the closing of a "crack house" -have traditionally suffered from inefficient or even lax enforcement in some neighborhoods, in some cases because of public unwillingness to bear the full costs of complete enforcement.

Fourth, the very nature of the policy arena is that a policy put into place one year also can be appealed to higher levels or even reversed within a year, due to changed circumstances or balance of support within a community.

Strong Opposition to Seemingly Desirable Prevention Policies. Yet a third challenge for the partnership in implementing certain policies is open opposition by other powerful constituents within a community. The prevailing alcohol or tobacco industries may not only mount more effective public campaigns, but also in fact may play a critical economic role in the community. In one well-known case where the desired substance abuse policy was to minimize the re-opening of liquor stores in the community (Grills, Bass, Brown, and Akers, 1996), the potential liquor store operators constituted a formidable opposition, aided in part by the fact that many were of Korean descent and as such could claim economic discrimination; the opposition also could produce a potentially explosive racial situation that local political leaders would not be able to tolerate (Sonenshein, 1996).

Community partnerships in principle are devoted to building inclusive memberships and broad-based alliances, and avoiding contentious types of situations. As a result, a partnership may not be able to afford the risks of strongly advocating a particular position. In some cases, the risk may be to the partnership's very livelihood.

Relationship Between Policies and Substance Abuse Outcomes. Exhibit 3-6 shows the relationships between partnerships' involvement in policies and outcomes on the 12 substance abuse outcomes. "Involvement" was scored through a simple count during each site visit of policies with which the partnership was associated. The score reflected all four annual site visits. Partnerships were designated as high, medium, or low, depending upon their involvement in the absolute number of policies (high=5–7; medium=2–4; and low=0–1).

However, unlike the previous analysis of prevention activities, no information was available about the policies in the comparison communities. Therefore, the ensuing analyses compared high policy partnerships with comparison communities, medium policy partnerships with comparison communities, and low policy partnerships with comparison communities-but not high, medium, and low with each other. The hypothesis was that the high partnership comparison should be significantly different, whereas the low partnership comparison should not.

The results revealed that none of the comparisons was statistically significant except for that involving adult alcohol use during the past month. Effectively, the results

Exhibit 3-6

RELATIONSHIP BETWEEN NUMBER OF POLICIES IMPLEMENTED AND PREVENTION OUTCOMES
(Summary of Mixed-Model Regression Results)

Age Groups	Outcome Variables	Difference in Slopes: High (5-7 Policies)	Difference in Slopes: Medium (2-4 Policies)	Difference in Slopes: Low (O-l Policy)	DF	n
Adult	**Illicit drug use in the past year**	-0.00046	-0.00110	-0.00020	44	26676
	Illicit drug use in the past month	**-0.00041**	**-0.00091**	**-0.00002**	**44**	**26676**
	Alcohol use in the past year	**-0.00029**	-0.00042	-0.00040	44	26666
	Alcohol use in the past month	**-0.00184**	**-0.00111**	-0.00265*	**44**	**26603**
Tenth Grade	**Illicit drug use in the past year**	**-0.00157**	**-0.00053**	**-0.00336**	**39**	**25159**
	Illicit drug use in the past month	**-0.00232**	**-0.00057**	**-0.00297**	**39**	**25161**
	Alcohol use in the past year	**-0.00184**	**0.00007**	**0.00153**	**39**	**25135**
	Alcohol use in the past month	**-0.00140**	**0.00018**	**0.00204**	**39**	**25129**
Eighth Grade	**Illicit drug use in the past year**	**-0.00030**	**0.00050**	**-0.00220**	**39**	**29865**
	Illicit drug use in the past month	**-0.00142**	**0.00027**	**-0.00192**	**39**	**29869**
	Alcohol use in the past year	**0.00062**	**0.00082**	**-0.00185**	**39**	**29831**
	Alcohol use in the past month	**0.001 IO**	**-0.00104**	**-0.00181**	**39**	**29825**

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis
*$p<.05$ level

[1]Scaled weight, calculated as base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

[2]Time, defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

[5]Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. The comparison group for the policy variable was the omitted category in fitting the model.

therefore provided no support for the predicted relationship between partnerships' involvement in policies and any substance abuse outcomes.

Postscript: Possible Importance of Different Types of Policies. A plausible explanation for the failure to find any relationship is that the "types" of policies, and not just their sheer number, may be more important in explaining effective partnership outcomes. Thus, a needed future step is to typologize policies and to analyze data. reflecting this typology. Though insufficient information was available in the present evaluation to support the testing of any typology, the possible parameters of such typologies that might be used in future research are discussed next.

Exhibit 3-7 lists a variety of policies relevant to substance abuse, also grouping them according to their substantive domain. Such groupings represent one possible typology. Pentz, Newman, Vazquez, and Wang (in progress) have suggested a more analytically oriented typology, based on whether the policy reflects:

- A desire to reduce the supply or demand for substance abuse;
- A top-down or bottom-up (e.g., externally imposed versus grassroots) initiative; or
- A formal or informal directive.

These dimensions could add to the initial grouping by substantive domain, creating a 5 times 3 or fifteen-fold typology. Other typologies can be derived from yet other sources. Unfortunately, there is insufficient information at this time to suggest the typology most applicable to the evaluation of community partnerships. (A related exploration of this topic is presented at the end of Chapter 5.)

3.3.3 Amount of Federal Funding

In addition to the partnerships' prevention activities and local policy involvement as considerations for the potency of the partnerships' work, a third but more shallow consideration was the amount of funding a partnership received from SAMHSA-CSAP.

The amount of funding was an especially important concept from the perspective of the aggregate outcome analysis conducted in Chapter 2. As explained in that chapter, the aggregate analysis was based on the interpretation of the Community Partnership Program as a uniform intervention in every community, based on the argument that the

Exhibit 3-7

ONE TYPOLOGY OF PUBLIC POLICIES AND REGULATIONS IN SUPPORT OF SUBSTANCE ABUSE PREVENTION

A. Community or Neighborhood Related Policies

1. Curfews Clearinghouse or network for alcohol and drug information
2. Parking or automobile use (e.g., anti-cruising)
3. Use of public parks or other public spaces; signs in public spaces; drug-free zones or events
4. Housing policies—e.g., code enforcement, boarding, demolition

B. Law Enforcement and Criminal Justice Policies

5. DUI-, DWI-, BAC-related ordinances, including fines and penalties
6. Changes in drug-related violations, misdemeanors, and felonies, including zero tolerance laws and juvenile gun ordinances
7. Drug courts or other court-related changes; fines from drug convictions used for prevention activities
8. Changes in corrections system (probation, parole, etc.)

C. School Policies

9. Drug-free schools; gun-free schools; other bans such as beepers
10. School suspension policies
11. Drug inspections by dogs

D. Workplace Policies

12. Drug-free workplace
13. EAPs
14. Drug testing (pre-employment or employment)

E. Commercial Marketplace Regulations

15. Licensing or certification (e.g., liquor licensing; keg registration)
16. Sales limitations or penalties (e.g., sales to underage youth; spay paint sales)
17. Changes in commercial drug sale regulations (e.g., over-the-counter drugs)
18. Changes in insurance coverage or eligibility
19. Excise, sales, or other taxes aimed at making drug products less accessible

federal mandate called for grantees: 1) to build a community partnership with seven or more partners, 2) to be limited in the proportion of funds (50%) used for direct prevention services, 3) to empower the local community, 4) to have a local evaluation, and 5) to receive federal funding for all of these conditions. The argument can be challenged, and therefore the paired analysis in Chapter 2 was conducted, based on the alternative interpretation that the local empowerment condition in fact then led to different, if not unique interventions at each site, therefore undermining any aggregative rationale.

However, even following the aggregate perspective, the grantees did not receive the same amount of SAMHSA-CSAP funding. Therefore, a separate analysis was conducted, to determine whether there was any correlation between the amount of federal funding and the substance abuse outcomes. Exhibit 3-8 shows the results of another mixed-model regression, uncovering no statistically significant results and no consistent support for the directionality of the relationship, either.

3.3.4 **Other Partnership Characteristics**

The potential importance of four other partnership characteristics derived mainly from *methodological and administrative* circumstances. Of these four conditions, three (population density, leadership type, and age) needed to be checked because they were the three stratifiers originally used to select the original sample of intensively studied partnerships. The fourth (partnership cohort) was worthy of investigation because of the 18-month interval of the outcome data-the possibility being that the aggregate analyses were obscuring offsetting differences between community partnerships with an added year of funding (cohort 1, funded in 1990) from those that had fewer years of funding (cohort 2, funded in 1991). However, of these four conditions, none were found to have any statistically significant relationship to substance abuse outcomes (see results of mixed-model regressions in Appendix F). Further, no particular pattern or directionality was consistently found, either. The four characteristics are briefly defined below.

Population Density. In selecting the original intensively studied partnerships, density has been operationally defined as "high" (population greater than 2,000 people per square mile), "medium" (between 200 and 2,000 people per square mile), and "low" (less than 200 people per square mile). However, for the mixed-model regressions, this categorical definition did not need to be used, as the actual densities were available for analysis, and the regressions arrayed the 48 communities (partnerships and matched comparisons) by their density in the 1990 census file. Exhibit F-l (Appendix F) shows that none of the 12 dependent variables were statistically related to density.

Exhibit 3-8

RELATIONSHIP BETWEEN AMOUNT OF AWARD
AND PREVENTION OUTCOMES
(Summary of Mixed-Model Regression Results)

Age Groups	Outcome Variables	Difference in Slopes: High Award	Difference in Slopes: Low Award	DF	n
Adult	Illicit drug use in the past year	-0.00102	-0.00058	45	26676
	Illicit drug use in the past month	-0.00074	-0.00049	45	26676
	Alcohol use in the past year	-0.00125	0.00029	45	26666
	Alcohol use in the past month	-0.00256	-0.00075	45	26603
Tenth Grade	Illicit drug use in the past year	-0.00153	-0.00062	40	25159
	Illicit drug use in the past month	-0.00165	-0.00073	40	25161
	Alcohol use in the past year	-0.00080	0.00006	40	25135
	Alcohol use in the past month	-0.00106	0.00053	40	25129
Eighth Grade	Illicit drug use in the past year	0.00005	-0.00105	40	29865
	Illicit drug use in the past month	-0.00105	-0.00018	40	29869
	Alcohol use in the past year	0.00102	-0.00100	40	29831
	Alcohol use in the past month	-0.00108	-0.00056	40	29825

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis
*$p < .05$ level

'Scaled weight, calculated as base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

[2]Time, defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

'Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. Thecomparison group for the dosage variable was the omitted category in fitting the model.

Partnership Leadership Type. Using a typology developed at the beginning of the cross-site evaluation, ***grassroots*** partnerships were those led by leaders of community-based organizations, ***leadership*** partnerships were those led by political and business leaders in the community, and ***professional*** partnerships were those led by social service and public agency service providers. Exhibit F-2 (Appendix F) shows that none of the ***12*** dependent variables were statistically related to any of these three leadership types.

Partnership Age. Partnership age also was used as a stratifier at the outset of the cross-site evaluation, defined as partnerships that had predated the onset of the SAMHSA-CSAP awards contrasted with those that only started with the onset of the award. Exhibit F-3 (Appendix F) shows no correlation with substance abuse outcomes.

Partnership Cohort. There were two cohorts of partnership awards in the Community Partnership Program: those funded from 1990-1995 (with a good proportion receiving "no-cost" extensions into 1996), and those funded from 1991-1996 (with some proportion receiving extensions into 1997). The partnerships in the earlier cohort might have shown more substance abuse reductions than the partnerships in the later cohort, Exhibit F-4 (Appendix F) again shows that there was no support for this hypothesis.

3.4 SUMMARY

This chapter presented a series of empirical tests of a conceptual framework, whereby community partnerships are claimed to produce the desired reductions in substance abuse outcomes. The first part of the chapter provided statistically significant evidence supporting the ***general*** importance of partnership characteristics, compared to prevention activities alone. The second part of the chapter tested an array of seven *specific* partnership characteristics that might be considered as important, but produced no result when these seven characteristics were tested singly to determine their relationship with substance abuse outcomes.

Aside from the key conditions of a partnership's overall prevention "dosage" and involvement in local policies pertaining to substance abuse prevention, the other characteristics that were tested were mainly methodological and administrative characteristics. No attempt was made to begin testing singly (i.e., on a feature-by-feature basis) a wide array of other more substantive partnership characteristics that might be hypothesized to be related to prevention outcomes. Before trying such tests, a clearer theoretical specification of the rationale for testing any given characteristic is needed. Similarly, such a theoretical rationale also should precede any attempt to put the individual characteristics together into any complex model.

Thus, to examine the more relevant substantive variables, a qualitative analysis of the 24 intensive cases and lessons learned from them was undertaken. This analysis is presented in the next chapter.

SECTION 4

Partnership Conditions: A Qualitative, Pattern-Matching Analysis of the 24 Community Partnerships

4. PARTNERSHIP CONDITIONS: A QUALITATIVE, PATTERN-MATCHING ANALYSIS OF THE 24 COMMUNITY PARTNERSHIPS

"What makes a community partnership work" was a key topic for the entire cross-site evaluation. Analytically, the quantitative analysis in Chapter 3 stopped short of naming a larger number of individual variables or testing any multivariate model. These steps were considered premature.

More pressing was the need to review and analyze the extensive site visit data about each of the 24 intensively studied partnerships. The present chapter therefore presents a qualitative, pattern-matching analysis of the site visit data.

First, certain theoretically important conditions among partnership processes are defined. Then the processes undertaken in all 24 partnerships are defined and assessed, using data from the intensive site visits. Finally, the 24 partnerships are arrayed according to the extent of the presence of desired prevention and organizational features (partnership processes), based on a content analysis and coding of site visit reports. The end result is therefore a rank-ordering of the 24 partnerships according to the extent that they exhibited the desired partnership features as reflected by the literature. Chapter 5 then proceeds to determine how closely the array was related to the substance abuse and other outcomes.

4.1 THEORETICAL AND METHODOLOGICAL APPROACH: CONDITIONS HYPOTHESIZED TO INFLUENCE SUBSTANCE ABUSE OUTCOMES

The theoretical model used here derives from the customized framework previously described at the outset of Chapter 3. The general framework upon which the customized framework was based has traditionally been the source of most of the hypotheses about desirable organizational features for entities such as community partnerships. Unfortunately, the most classically identifiable features do not go much beyond general groundrules for good organizations, and do not provide sufficient guidance for partnerships in real life. Existing research and real-life experiences with community partnerships (e.g., Phillips and Springer, 1997) are only slowly beginning to refine these ideas, and Appendix G presents an updated literature review that emphasizes these advances.

The present evaluation developed its own topical outline, pulling together what have traditionally been long lists of desirable partnership characteristics into a more strategic and holistic view. This outline represents broad sets of conditions that might influence substance abuse outcomes and became the basis for the qualitative analysis:

1. ***Community Conditions:*** The community conditions within which a partnership operates, especially related to the nature and severity of substance abuse problems.

2. ***Targeting by Partnership:*** The degree to which the partnership might have targeted sub-areas or sub-populations not necessarily matching the "community" represented by the survey samples that produced the outcome data.

3. Strength and Support: The apparent strength of the partnership's implemented prevention activities and support for local prevention policies.

4. Match Between Prevention Strategies and Community Conditions: The degree to which the implemented prevention activities and policies appear to have matched well the community conditions being confronted.

5. Strength, Soundness, and Vigor: The soundness of the partnership's operations as an organization, as reflected by a variety of component features.

6. Decentralization of Partnership Operations: Whether the partnership decentralized its operations to cover smaller geographic areas (small areas or neighborhoods).

7. ***Rival Explanations:*** Whether other prevention activities were present in the community, but not part of the partnership effort.

Each of the seven conditions is described further below.

The data supporting (or not supporting) these conditions were then extracted from a -series of 24 composite reports, which were based on the annual site visit reports to each community partnership. Each composite report deliberately followed the same outline and has been produced as a separate document; summaries of these reports appear in

Appendix H. The summaries were based as much as possible on exact phrases and passages from the composite reports; these phrases or passages may be considered raw data. Further, each summary's margins contain the codes for the various portions of the text. The codes were then used to rank order the partnerships. In this manner, the reader can track the qualitative analysis by seeing the empirical features from the case reports and how they were categorized and coded. Further description of the seven conditions, prior to the analysis, now follows.

4.1.1 Community Conditions

The most common categorizations of U.S. communities include social, geographic, or political contexts-high-, medium-, or low-income communities; urban, suburban, and rural communities; or cities, towns, and metropolitan areas. These common categorizations are important for communities in general but do not address the conditions for dealing with substance abuse prevention. Thus, a broad framework is needed that reflects common categories and substance abuse-related conditions. Further, for the purposes of this evaluation, the desire was to develop a scheme reflecting U.S. communities at the end of the 1980s, when the Community Partnership Program was conceived and first put into place.

Four broad substance abuse conditions appear relevant from this perspective. First, many U.S. communities were just beginning to detect new waves of drug abuse during this era, especially illegal drug use by youths and new forms of drug trafficking. This was accompanied by the rise of youth gangs, which hit many communities for the first time, and increases in gang-related violence and drug abuse. However, the rise in drug use was not limited to illegal drugs. Alcohol and cigarette use by minors, and alcohol use on campus also were increasing. Drug abuse became a prominent community concern, and with it a desire to avoid (or prevent) further incursions. Some of these communities were middle-class (resource-rich), and others were poor (resource-poor), so this first condition produced two types of communities.

A third type of U.S. communities has suffered from chronically high levels of drug use and associated conditions of deterioration for many years: poverty, abandoned housing and vacant lots or areas, crime, high dropout and juvenile delinquency rates, and the like-in comparison to statewide or national averages. These communities might have desired the sort of change possible through use of newly available resources from the Community Partnership Program.

Fourth, some U.S. communities have had distinctive economic relationships with drugs, produced legally (breweries, tobacco fields, other alcohol- and tobacco-producing

industries) and illegally (moonshine, bootlegging, cultivation of marijuana). Undertaking successful substance abuse prevention in either situation would require deliberate efforts to address and embrace these contexts; otherwise, prevention efforts are likely to either be superficial or based on mixed signals.

The four types of communities may be summarized as follows:

- ***Type A:*** Resource-rich (middle- or working-class) communities where substance abuse problems were considered either to be newly rising or beginning to reach unacceptable levels (likely to be whole metropolitan areas or medium- to large-sized cities or bedroom suburbs);

- ***Type B:*** Resource-poor communities (a large proportion of residents with incomes below poverty levels or low levels of public services) where substance abuse problems were considered either to be newly rising or beginning to reach unacceptable levels (likely to be rural poverty areas or low-income urban neighborhoods);

- ***Type C***: Communities where substance abuse rates have been high and chronic for a long period of time (probably in place for years prior to the onset of the Community Partnership Program, and likely to be minority or low-income communities with high unemployment); and

- ***Type D***: Communities with a peculiar drug production condition that directly implicates the community's norms or economic base.

4.1.2 Targeting by Partnership to Sub-areas or Sub-populations within a Large Community

All community partnerships were to mount comprehensive community prevention efforts. Because of this mandate, the evaluation design for assessing outcomes, as previously described throughout the earlier chapters of this report, also was comprehensive in the sense that 1) the survey outcomes assessed behavior on the part of ***adults and youths*** and with regard to both ***alcohol and illicit drug use,*** and 2) a host of other community indicators, reflecting behaviors such as crime, also were deemed relevant outcome measures.

However, another essential feature of the partnerships was their control by local groups, and that they not necessarily follow prescriptions defined by CSAP or any other federal entity (other than routine federal grant requirements). The rationale for this arrangement was a desire to maximally empower the local groups, leading them to eventually seek to maintain and continue the partnerships beyond the period of CSAP funding. The resulting expectation by CSAP was that the local groups could in fact define distinctive, if not unique, courses of action and that there could be high variability across different community partnerships with regard to partnership organization, prevention strategies, and implementation processes.

As a result, the partnerships might not all have developed or implemented strategies that were as comprehensive as initially intended. Some might have focused only on youths, and not tried in any way to address adult-related prevention. As another example, some partnerships may have focused only on alcohol use, and not illicit drug use. Yet other partnerships may not have tried to cover the entire geographic area originally proposed, but might have focused more narrowly on a smaller area. Any such narrowing of a partnership's objectives-fully justifiable given the mandate for local empowerment-would make the partnership's work more "distal" to the outcome categories covered by the evaluation.

A second condition assessed in the qualitative analysis was therefore the extent to which such distal relationships appeared to exist between the partnership's intended targeting and mission, and the breadth of outcome categories covered by the evaluation.

4.1.3 Apparent Strength of the Prevention Activities and Involvement in Local Policies Related to Substance Abuse

Another aspect was the overall strength or potency of partnership activities, as assessed by scanning lists of a) prevention activities (and the explicit or implicit contact hours for these activities) and b) local substance abuse-related policies which the partnership either supported or helped to get implemented. The greater the number of contact hours or the more diverse the policy initiatives, the greater the strength was judged to be. This feature of the partnership's prevention initiatives was therefore a third condition assessed in the qualitative analysis.

4.1.4 Match **between Prevention Strategies and Community Conditions**

Apart from the comprehensiveness of the partnership's prevention strategies in relation to the outcomes of interest, the choice of prevention strategies also needs to reflect the community conditions confronted by the partnership. Each of the four types

of community conditions previously defined (Types A-D) would appear to present different situations. If a partnership embarked on a strategy not befitting its type of community, less influence on substance abuse outcomes would be expected.

Exhibit 4-l presents four different prevention strategies, depending upon the four types of community conditions. The purpose of the hypothesized framework is not to specify the detailed array of prevention actions to be undertaken, but only to call attention to the broad strategies that appear relevant to each type of community condition. For instance, partnerships that are in (Type D) communities with important illicit ***drug-producing*** functions (e.g., illicit drug production is an integral part of the local economy) cannot simply ignore this condition and only do prevention work with youths. While such efforts might produce some level of success, greater success will occur when the community norms regarding illicit drug production are made an integral part of the partnership's prevention strategies-to avoid presenting youths (or others) with mixed signals. Such integration is not necessarily easy to invent, but ignoring this facet of a community's conditions may lead to ineffectual prevention efforts.

In contrast, partnerships in (Type A) middle- or working-class communities with newly arising drug problems may already have 1) a variety of prevention services in place, but 2) low awareness of or concern about the newly arising problem. Suitable prevention strategies will call for some effort to coordinate and augment the existing services as well as mount high intensity awareness activities.

Overall, a fourth condition assessed in the qualitative analysis was therefore the extent of the match between the prevention strategies pursued by a partnership and one of the four types of community condition previously defined.

4.1.5 Strength of Partnership's Operations as an Organization

Another key part of the entire community partnership process was the strength, soundness, and vigor of the partnership as an organization. Assessing this strength also was an integral part of the qualitative analysis and consisted of observations regarding several components, including the strength of its core, its vision, membership, absence of severe administrative conflict, and turnover rates among partnership staff.

Strong Core. The first characteristic of a strong partnership is the presence of a solid core of members or partners, evidenced by their having either worked together prior to the community partnership award (e.g., in carrying out a collaborative process in developing the application for the community partnership award) or working closely together during the early stages of the community partnership. Buttressing the notion of

Exhibit 4-l

MATCHING OF PREVENTION STRATEGIES TO FOUR TYPES OF COMMUNITIES

Community Type A: Middle- or working-class community where substance abuse problems are newly rising or perceived as beginning to reach unacceptable levels (e.g., suburbs, bedroom communities, or industrial communities):

- Prevention ***Strategies***: High awareness activities, better coordination of existing prevention services; gateway- and youth-oriented strategies and policies; tightening of drug-related policies such as increasing BACs or making sales of drugs to minors more difficult. Likely need is to mobilize and reinforce prevention infrastructures that already existed because of a historically sufficient level of community resources.

Community Type B: Resource-poor community (e.g., large proportion of residents with below-poverty incomes, or community with insufficient levels of existing services or public facilities such as recreation areas) where substance abuse problems are newly rising or perceived as beginning to reach unacceptable levels (e.g., rural areas and some urban neighborhoods):

- Prevention Strategies: Develop and implement strategic (not just incentive) prevention activities or policies; other actions aimed at creating new interorganizational or interagency relationships. Likely among needs will be the development of a prevention infrastructure, not just reinforcement of the existing one, because the existing one may have been insufficient or nonexistent.

Community Type C: Community where substance abuse rates (whether alcohol use or illegal drug use or both) have been high and chronic for a long period of time (e.g., at least several years prior to the onset of the Community Partnership Program), including chronic gang or violence or other drug-related problems (e.g., minority or low-income communities with high delinquency and unemployment rates):

- ***Prevention Strategies:*** Coordination with existing services depends upon relationship between residents and service providers (whether the relationship has been historically antagonistic or not; the more antagonistic, the more that policy initiatives altering basic community structure or conditions may be preferred); prevention activities may equally emphasize mobilization of residents (can be joint resident-service mobilization if historic relationship has not been antagonistic); some activities or policies may have to deal with restricting the supply of drugs, not just reducing demand.

Community Type D: Community with a peculiar illicit drug production or drug regulation condition that appears to be an implicit part of a community's norms or economic base (e.g., moonshine-, tobacco-, or marijuana-producing communities: or "dry" communities bordering "wet" communities):

- ***Prevention Strategies:*** Combination of strategies appropriate for Types A, B, or C *plus* specific initiatives intending to deal with the peculiar drug production or drug regulation condition (e.g., dry county also reaching out and developing some understanding with the neighboring wet county, regarding cross-border sales, transporting, or popularization of alcohol products).

"strong core" is participation by a limited number of partners (e.g., 8–10 or fewer), a few key leaders, and the core's ability to work together and produce a few accomplishments.

Clear Vision. The partnership converged on a singular strategic or prevention **plan,** independent of the plan's substance (assessed as part of section 6.2.2). Engaging in a clear vision is not necessarily an automatic concomitant of having such a plan, but its existence is a helpful start in the right direction. Other evidence of a clear vision would include the absence of conflicting or mixed signals.

Inclusive and Broad-Based Membership. Successful community partnerships derive their strength from having a broad-based membership. If a partnership has had a strong core and also demonstrates an ability to be inclusive and to draw a broad-based membership, such a combination may be regarded as highly important to the partnership's status as an ongoing organizational entity.

Absence of Severe Administrative Conflict. All partnerships will have some internal conflicts, reflecting individual persons, roles, or functions. Earlier analyses from the evaluation (CSAP, 1997) suggest that some amount of conflict may be functional because it can help to clarify important issues.

However, *severe administrative conflict* was considered to have occurred when partnerships had basic governance or grant problems and when these problems appeared to pre-occupy the partnership for an extended period of time, such as l-2 years. A common example of such conflict was a lack of clarity over the original mandate of the CSAP award, resulting in disagreements between the grantee organization and the partnership (where the two were different entities), and also resulting in withdrawal among original members or a high rate of turnover among the project director and other staff leaders. Such a degree of conflict was considered a dysfunctional condition; therefore, the qualitative analysis included judgments about the presence or absence of such conflicts.

Reasonable Turnover Rate Among Partnership Staff. A final important organizational characteristic was the rate of staff turnover, and whether it occurred at a "reasonable" pace. Because nearly all partnerships enjoyed a five-year cycle, avoiding turnover might be considered both an unreasonable expectation and a suboptimal condition from the standpoint of serving a growing and diversifying partnership.

As a result, the qualitative analysis attempted to attend to both the extent of and reasons for such turnover. A typically negative interpretation occurred when a partnership might have had three different project directors during its first three years,

and when the turnover was further attributed to differences in political support or vision within the partnership. A typically positive interpretation occurred when a partnership might have had two project directors during its entire five-year cycle, with the first project director promoted to a higher position and the new project director promoted from a senior staff position.

4.1.6 Partnership Operations Decentralized to Neighborhood or Small Area Levels

A final feature of community partnerships considered important in the qualitative analysis was whether the partnership had created a substructure of operating groups at a smaller geographic level. In other words, the organizing of task forces, local partnerships, community councils, and the like *within* a partnership was considered a potential strength. Such organization at smaller levels could likely increase 1) resident participation in the broader partnership and thereby the inclusiveness and membership base (and hence support) of the partnership, and 2) the possibility that prevention activities would match prevention needs (where smaller groups could define their own preferred prevention strategies).

Note at this point that the 24 community partnerships tended to serve large populations (100,000 people or more), and that the creation of a substructure at a smaller geographic level within this larger population might have provided the opportunity for more potent and influential resident participation, in turn making prevention efforts more likely to succeed.

4.1.7 Rival Explanations

The qualitative, pattern-matching analysis also took rival explanations into account. The relevant rivals included situations in which other prevention activities also were in place in the community, but not under the partnership's leadership or coordination. Under such circumstances, the dosage ratings in Chapter 3 might have been high, because those ratings were based on data collected about the partnership (and comparison) community's prevention activities as a whole, not just those under the partnership. In turn, such high dosage ratings might have produced changes in *community* rankings with regard to the outcome (prevalence) scores, even though the partnership itself may not have appeared very comprehensive or effective according to the criteria previously assessed under subsections 4.1.2 through 4.1.6.

Thus, the inclusion of the rival prevention activities represented a paradox: from the perspective of defining those conditions hypothesized to be associated with higher ranked prevalence outcomes at the community level, having rival prevention activities

was considered a positive condition. However, such rival activities simultaneously detracted from giving any credit to the partnership in any subsequent interpretation of its role in producing the community-level outcomes.

4.2 OVERALL PROFILES OF 24 COMMUNITY PARTNERSHIPS

4.2.1 **Scoring System**

Based on the seven features just described, each of the 24 partnerships was scored after a content analysis of the summaries in Appendix H. The coding and scoring system was as follows.

For the community condition, community characteristics were used to assign the partnership to one of four types: A, B, C, or D. Words reflecting high proportions of low-income residents or other impoverished conditions distinguished assignments to Types A and B; notations of severe and chronic substance abuse conditions, such as having the highest rates in the state, were used to assign partnerships to Type C; and descriptions of the "commercial base" of the community that uncovered illicit drug production or other drug regulation conditions were used to assign partnerships to Type D, regardless of whether their conditions also would have put them into Types A, B, or C.

For the second feature (see Exhibit 4-2, Category 2=strength of activity and policy involvement), a threefold scoring system, assigning partnerships into three relative groups (high, medium, and low), was used to review the dosage of prevention activities and array of policy involvements by the partnership, The judgments were made on a *relative* basis-" high, " etc., meaning a partnership's strength in relation to the other 24 partnerships.

For the remaining five features (1 =targeting by partnership, in relation to populations covered by outcome measures; 3 =match between prevention strategies and community conditions; 4=strength of partnership's operations as an organization; 5 =decentralization to neighborhood or small areas; and 6 =rival explanations), each partnership was coded on a scale that permitted:

- A *positive* score (evidence that the partnership had the desired feature);
- A *zero* score (no evidence of presence or absence); and

Exhibit 4-2

SCORING OF PREVENTION AND ORGANIZATIONAL FEATURES OF COMMUNITY PARTNERSHIPS

Community Type
- A: Middle- or working-class communities where substance abuse problems were considered either to be newly rising or beginning to reach unacceptable levels
- B: Resource-poor communities where substance abuse problems were considered either to be newly rising or beginning to reach unacceptable levels
- c: Communities where substance abuse rates have been high and chronic for a long period of time
- D: Any of above three communities, but combined with an illicit drug production condition that directly implicates the community's norms or economy (production of moonshine or marijuana)

Category 1 (Partnership's Breadth of Intended Prevention Targeting)
- +: Partnership had a substantively comprehensive vision, reflecting all age groups and types of drugs, and therefore matching the range of data covered by the outcome surveys *(proximal* to the outcome measures)
- 0: Partnership had a vision of questionable comprehensiveness, either regarding age groups or types of drugs *(modest* in relation to the outcome measures)
- –: Partnership had a distinctively limited vision in terms of comprehensiveness, choosing to focus on a narrower range of age groups or drugs (distal to the outcome measures)

Category 2 (Strength of Partnership's Prevention Activities and Policy Involvement)
- H: Partnership appeared to produce a high number of contact hours (prevention activities) or diverse and implemented substance abuse policies, compared to other partnerships in the evaluation
- M: Partnership appeared to produce a moderate number of contact hours (prevention activities) or diverse and implemented substance abuse policies, compared to other partnerships in the evaluation
- L: Partnership appeared to produce a low number of contact hours (prevention activities) or no substance abuse policies, compared to other partnerships in the evaluation

Category 3 (Match **between Activities and Policies,** in Relation to Community Condition)

A Prevention Activities
- +: Partnership's prevention activities appear to match the type of community condition
- 0: Partnership's prevention activities appear not to target sharply the type of community condition
- –: Partnership's prevention activities appear to omit those matching the type of community condition

B: Prevention Policies
- +: Partnership's involvement in local policies appears to match the type of community condition
- 0: Partnership's involvement in local policies appears not to target the type of community condition
- –: Partnership has no involvement in local policies

Category 4 **(Presence of Desired Organizational Features of the Partnership)**

A: Presence of strong core of partners, at outset of partnership
B: Partnership vision was explicit (e.g., presence of strategic or prevention plan)
c: Inclusive and broad-based membership, covering relevant constituencies in the community
D: Absence of severe administrative conflict (e.g., misunderstanding about purpose of CSAP award; or grantee agency and partnership difference regarding authority and responsibilities)
E: Reasonable turnover rate among staff (e.g., moderate turnover, with indication that turnover was not a reflection of major administrative conflict)
- +: Evidence of the presence of the desired feature
- 0: No evidence with regard to the presence of the desired feature, but also no contrary evidence
- –: Contrary evidence regarding the presence of the desired feature, suggesting an opposing condition

Category 5 (Presence of Decentralized Units to Cover Smaller Areas within Partnership)
- +: Partnership had decentralized units (local partnerships, task forces, or councils)
- 0: Partnership had a number of such decentralized units, but not covering the entire partnership area
- –: Partnership had no such decentralized units

Category 6 (Presence of Rival Prevention Activities and Policies, not Involving the Partnership)
- +: Such rivals were evident in the community
- 0: No evidence regarding presence or absence of such rivals
- –: Evidence that other orevention activities and policies did not exist outside of the oartnershio

- A ***negative*** score (evidence that the desired feature was not only absent but in fact existed to an opposing degree).

Exhibit 4-2 summarizes the substantive criteria used to make the judgments for each of the seven features. Across all features, the maximum score was *six* positive scores, with assignment to community type covering the seventh feature. Some of these six features had subcomponents (see Categories 3 and 4 in Exhibit 4-2), and in these situations a "minus" score associated with any of the subcomponents was sufficient to withhold a positive score (however, any combinations of "zero" and "plus" scores led to a positive score).

The coded judgments were subjective, based on the words or prevention activity and policy exhibits captured from the composite reports of each of the 24 partnerships, as reflected in the summaries in Appendix H. The appendix versions also contain the coding of each judgment, with each code shown beside the words or phrases that led to a particular subjective judgment. To this extent, the judgment procedure was based on the exact words that appeared in each composite report (recalling that the three-page summary extracted specific words from the composite report, and were not a paraphrase of these words).

4.2.2 Ranking of Partnerships

Exhibit 4-3 presents the results of the coding for the seven features, for each of the 24 partnerships. Because the first code dealt with a fourfold typology of community conditions, the exhibit is organized into four groups, with the individual partnerships first assigned to one and then rank-ordered within each according to the extent to which the desired six other partnership features were found to be present or not.

Because a number of "ties" occurred in the initial rank orders among the partnerships within each community type, the following tie-breaking rules were used: 1) partnerships with the same initial score were then further rank-ordered based on the number of "minus" scores; 2) if partnerships were still tied, the number of the six features with "minus" scores was then used to break the tie.

The results in Exhibit 4-3 are used next in Chapter 5 to compare the qualitative coding of partnership processes with the quantitative outcome data and with a qualitative outcome whose coding is described in Chapter 5: the extent of continuation by the partnership beyond the period of SAMHSA-CSAP funding.

Exhibit **4-3***

24 PARTNERSHIPS ARRAYED ACCORDING TO FOUR COMMUNITY TYPES AND DESIRED PREVENTION AND ORGANIZATIONAL FEATURES

Community Type A: Middle- or Working-Class Communities With Newly Rising or Newly Unacceptable Substance Abuse Levels	1	2	3 a	3 b	4 a	4 b	4 c	4 d	4 e	5	6	Total Score (Max=6)
1. Ozarks Fighting Back Springfield, MO	+	H	+	+	+		+	+	+	+	+	6
2. Middlesex County Substance Abuse Council Middlesex, CT		H	+	+	+	+	+	+	–	+	+	4
3. Lake County Fighting Back Lake County, IL	+	M	+	+	+	0	+	–	–	+	+	4
4. Partnership for Prevention of Substance Abuse of Lynchburg Lynchburg, VA	+	M	+	–		+	+	0	+	+		3
5. PACEsetters Coalition Brevard County, FL	+	L	+	+		–	–	–	0	0	+	3
6. San Fernando Valley Partnership Los Angeles, CA	+	L	0	–	–	–	–	0	+	+	+	3
7. Westside Coalition for Substance Abuse Prevention Maricopa County, AZ	+	M	+	+		+	–	–	–	+	0	3
8. Aurora Prevention Partnership Aurora, CO	+	L	+	+		+	–	+	+	0	0	2
9. East&Vest Community Partnership Los Angeles, CA		L	0	+		0	0	0	–	0	+	2
10. Community Partnership for a Drug-Free Shreveport Shreveport, LA	+	L	+	+		–	0	–	–	–	0	2
11. Kalamazoo Community Prevention Partnership Kalamazoo, MI	+	L	0	–		–	–	–	–		+	2
12. Alamance Coalition Against Drug Abuse Alamance County, NC		M	+	+		–	0	+	0	.		1
13. Community Prevention Partnership of Berks County Berks County, PA	0	L	+	–	+	–	–	0	+	0	+	1

*See text for code definitions.

(Continued on next page)

Exhibit **4-3*** (Continued)

	1	2	3 a	3 b	4 a	4 b	4 c	4 d	4 e	5	6	Total Score (Max=6)
Community Type B: Resource-Poor Communities with Newly Rising or Newly Unacceptable Substance Abuse Levels												
1. Lamar County Community Coalition Lamar County, MS	+	H	-+	+	-	-				0	0	3
2. Communities in Partnership for a Healthier Macon County Macon County, IL	+	M	-	+		+	-	-	-	-	+	2
3. Alachua County Substance Abuse Partnership Alachua County, FL		M	-	+		-	-	+	-	0	+	1
4. Washington County Anti-Drug Task Force Community Partnership Washington County, MS	0	M	-	+		-	-	-	-	-	+	1
Community Type C: Communities Where Substance Abuse Rates Have Been High and Chronic for a Long Period of Time												
1. SAFE 2000 Community Partnership El Paso, TX	+	M	+	+	+	0	+	+	+	+	+	5
2. Community Coalition for Substance Abuse Prevention and Treatment Los Angeles, CA	+	M	+	+	+	+	+	+	+	+	0	4
3. Doña Ana County Partners for Prevention Dana Ana County, NM	+	L	+	-		-	-	0	0	0	+	2
Community Type D: Communities with a Peculiar Illicit Drug Production Condition												
1. Arecibo Community Partnership Arecibo, PR	+	M		-0	+	+	+	+	+	+	+	4
2. McCurtain County Community Coalition Partnership McCurtain County, OK	0	H	t	+	+	t	0	+	+	-	-	3
3. Tri-County Substance Abuse Pievention Alliance Knox County, Laurel County, and Whitley County, KY		L	+	0		-	-	-	+	0	+	2
4. Cabell County Coalition for Substance Abuse Prevention Cabell County, WV	t	L		--		-		-	-	0	-	1

*See text for code definitions.

SECTION 5

Partnership Conditions Associated with Successful Outcomes

5. PARTNERSHIP CONDITIONS ASSOCIATED WITH SUCCESSFUL OUTCOMES

This chapter uses Chapter 4's rankings of the 24 partnerships, based on the presence of desirable partnership and prevention characteristics, and compares the rankings with 1) the partnerships' rankings on substance abuse outcomes as well as 2) an organizational outcome-the likelihood of the *partnership 's continuation as a partnership beyond the period of the CSAP award.* In both situations, the purpose of the analysis was to determine whether the 24 partnerships, when rank ordered according to the desired prevention and organizational features, showed any association with their rank order according to either type of outcome.

5.1 SUBSTANCE ABUSE PREVALENCE RATES AS OUTCOMES

5.1.1 Analysis and Results

Exhibit 5-l shows the rankings within each of the four types of communities, followed by the partnerships' rankings on a subset of the original 12 dependent variables (the data for *illicit drug* and for *alcohol use during the past month* are presented). The rankings for these dependent variables are based on the *p* values calculated when the adjusted prevalence rates are compared (change in partnership communities' prevalence rates from 1994-95 to 1996, compared to change in comparison communities' prevalence rates from 1994-95 to 1996). A lower rank meant that the partnership community had shown a greater reduction in substance abuse prevalence, compared to its comparison community, and compared to the other pairs. (Among the 8th and 10th grade data, outcome surveys could not be completed for several partnership or comparison communities, and the rankings in these situations were left blank.)

When these data are plotted graphically, the visual results readily show the lack of relationship between the respective rankings (ranking for partnership features, for four types of communities, compared to ranking for change in substance abuse prevalence). Exhibit 5-2 presents the relationships for the 8th graders. In theory, the desired curves in these graphs would be diagonal lines going from the lower left to the upper right, reflecting a positive correlation between the two dimensions: Partnerships with better rankings according to the desired prevention and organizational features (along the abscissa) should be the same partnerships when ranked according to substance abuse prevalence rates (along the ordinate).

Exhibit 5-l

RANKINGS OF PARTNERSHIP COMMUNITIES: COMMUNITY TYPE AND P-VALUES OF SIGNIFICANCE TESTS FOR ADJUSTED PREVALENCE RATES

	Ranking,* by Community Type				EIGHTH GRADE		TENTH GRADE		ADULTS
					Illicit Drug Use Past Month	Alcohol Use Past Month	Illicit Drug Use Past Month	Alcohol Use Past Month	Illicit Drug Use Past Month
Partnership Name	A	B	C	D	Rank**	Rank**	Rank**	Rank**	Rank**
Alachua County Substance Abuse Partnership		3			3	6	18	11	6
Almanace Coalition Against Drug Abuse	12				11	9			3
Arecibo Community Partnership				1	10	8	11	10	4
Aurora Prevention Partnership	8				17	7			13
Cabell County Coalition for Substance Abuse Prevention				4	5	2	1	7	24
Communities in Partnership for a Healthier Macon County		2			7	16	12	8	21
Community Coalition for Substance Abuse Prevention and Treatment			2		4	15	19	15	5
Community Partnership for a Drug-Free Shreveport	10				20	19	13	6	2
Community Prevention Partnership of Berks County	13				8	11	16	18	8
Doña Ana County Partners for Prevention			3		14	12	4	3	22
East/West Community Partnership	9				19	18			7
Kalamazoo Community Prevention Partnership	11				16	13	8	12	23
Lake County Fighting Back Project	3				2	4	5	1	11
Lamar County Community Coalition		1				–	14	16	17
McCurtain County Community Coalition Partnership				2		–	6	4	19
Middlesex County Substance Abuse Council	2				18	20	9	14	14
Ozarks Fighting Back	1					–	10	9	16
PACEsetters Coalition	5				12	17	15	13	15
Partnership for Prevention of Substance Abuse of Lynchburg	4					–			12
Safe 2000 Community Partnership					9	5	3	5	9
San Fernando Valley Partnership	6				6	1	17	19	1
Tri-County Substance Abuse Prevention Alliance				3	1	3	7	17	10
Washington County Anti-Drug Task Force Community Partnership		4			15	10	2	2	1'8
Westside Coalition for Substance Abuse Coalition	7				13	14	–	–	20

KEY:

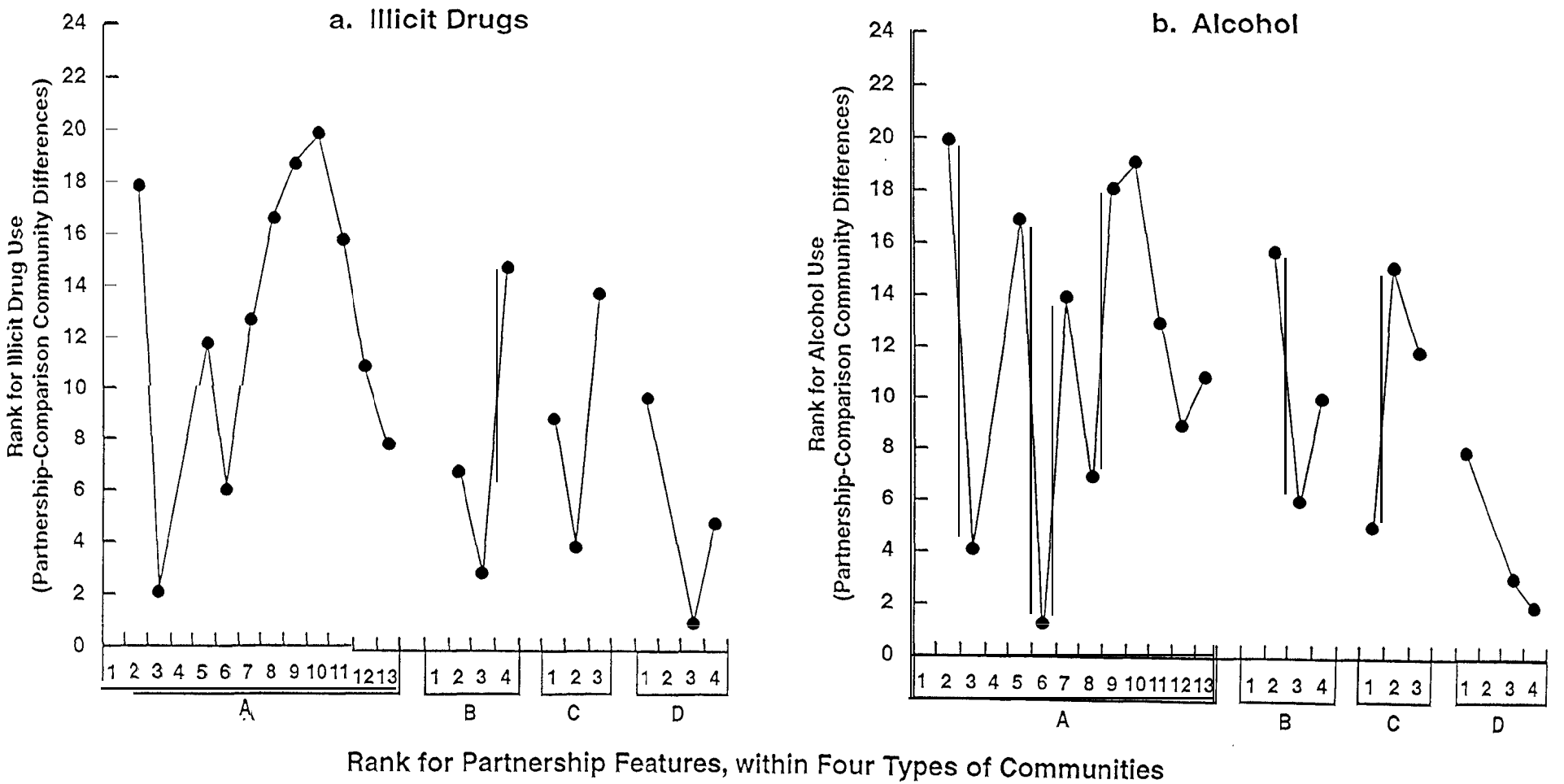
A,B,C,D = Four types of communities (see text)

*RANK 1 = Partnership displaying most desirable prevention and organizational features (see text)

**RANK 1 = Where partnership has greatest reduction in substance abuse, relative to its comparison community

Exhibit 5-2

DESIRED PARTNERSHIP FEATURES COMPARED WITH 8TH GRADE DRUG AND ALCOHOL USE
(for the Past Month)



Although only one graph has been presented, and only a subset of the data tallied in Exhibit 5-1, the same lack of any relationship was found for all of the 12 original dependent variables. The overall conclusion must be that, in searching for a pattern across all 24 partnerships, the desired partnership features are not associated with reduced substance abuse rates.

5.1.2 Alternative Interpretations

An alternative interpretation is that the scoring system for desired features was not a good metric for capturing the extent of their true presence. This interpretation is highly possible, given the fact that such features have not been scaled in the past and that no conventional or time-tested instrument exists. Further, in assigning the codes, the metric was applied to *the entire multi-yearperiod* of the partnership (e.g., five years), and not any segment. Thus, a partnership that might have had a turbulent startup for the first two years but then made genuine progress during the last two years, might nevertheless have been given a low score, even though the latter two-year period coincided with the 18-month interval between the two points in time in the outcome data collection. However, the available partnership data had insufficient detail to permit scoring for time segments within the entire multi-year period.

A second alternative interpretation is that the scoring system works for some parts of the scale (e.g., the highest-scoring partnerships) but not for the entire scale, therefore producing no overall pattern across the 24 partnerships. However, this interpretation is not likely, given that several of the lowest scoring partnerships were among the best with regard to reductions in substance abuse.

Overall, without further re-analysis or revisiting of the scoring system, the general lack of relationship between: a) partnerships' desired prevention and partnership features, and b) substance abuse outcomes still stands as the main interpretation of the results.

5.2 PARTNERSHIP CONTINUATION AS AN OUTCOME

5.2.1 Project Continuation, "Institutionalization," or "Routinization"

Although the community partnerships were based on a substantive objective-to reduce substance abuse in a community-it could be argued that those partnerships having more of the desired prevention and organizational features should at least have been more

likely to receive continuing support beyond funding under CSAP's Community Partnership Program.

Continued support has been broadly considered a sign of the "institutionalization" or "routinization" of a community activity under a wide variety of circumstances not limited to substance abuse prevention. Attainment of such support indicates that an ongoing effort has received at least some aid from other funding sources as well as participants to continue its work, increasing the likelihood of being assessed as "useful." Such a proxy outcome has its shortcomings. First, it is a "process" outcome. Second, it is possible that desired substantive outcomes are not being achieved and that continuation is due to the satisfaction of other, nonrelevant purposes. Unfortunately, examination of the routinization outcome alone cannot clarify these situations. Thus, the results of the present analysis need to be interpreted in conjunction with the following analyses about the second type of outcome-substance abuse prevalence rates-to develop a complete picture.

To assess the continuation outcome, each of the 24 partnerships was examined for signs that it would be continuing at the time of the final site visit (the site visit usually occurred within the final six months of CSAP funding). The site visits had covered the continuation topic as part of the data collection protocol, so that explicit information was available on this topic. (However, because the awards had not actually ended, a further, follow-up inquiry would be conducted to ascertain the partnership's continuation status one year or later after the end of CSAP funding.) The partnerships were coded into three categories, as to whether they:

1. Had achieved an organizational and funding status for continuing for at least a year beyond CSAP's funding (even if at a lower level of activity) =*positive* score;

2. Would be seeking organizational and funding support for continuation, but had no clear indications at the time of the site visit=*neutral* or zero score; and

3. Had any plans for continuing, even if the likely result was the continuation of some local component or individual prevention activity =*negative* score.

5.2.2 Results

Exhibit 5-3 shows the results of this coding (based primarily on information under the heading "Partnership as an Ongoing Organization" in the summary reports in Appendix H). The exhibit first groups the 24 partnerships according to the four community types (A, B, C, and D). Within each group, the partnerships are listed in rank order according to how well they met desired prevention and organizational features (see Chapter 4). The exhibit also contains abbreviated descriptions of data from the summary reports that led to their scoring on the continuation outcome (see column headed "Description" in Exhibit 5-3). Finally, the exhibit shows each partnership's score as assessed regarding continuation, using the three points defined above (+, 0, or -).

Extent of ***Continuation***. The exhibit shows first that only five of the 24 partnerships had a *positive* score, reflecting actual attainment of renewed organizational and funding support at the time of the site visit. Further, all five also were in some way affiliated with CSAP's new Coalitions Program, whether as the lead or a participating partnership. Several of the partnerships had other sources of funding, with some receiving it prior to the end of the original partnership award. This made it incorrect to conclude that the five partnerships with positive scores all were totally dependent on the new coalitions award from CSAP.

A second group of 10 of the 24 partnerships had a zero score, indicating that they had explicitly initiated plans to continue. In some of these cases, the partnership might already have applied for independent organizational status as a 501(c)(3) or submitted applications for new funding. However, these partnerships all received a zero score because, at the time of the final site visit, none of these applications had necessarily been approved. In other cases, the partnership intended to continue but had not developed a specific line of action.

The third group consisted of nine partnerships given a *negative* score because they did not appear to have any intention of continuing as a partnership. In one case, the partnership had actually ended, and some of the participants were part of a new CSAP-funded coalition award. In most cases, the partnership did not intend to continue, but continuation might have been planned for one of its components-either a decentralized unit such as a local partnership covering a smaller area than that of the original partnership, or a specific prevention activity.

Exhibit 5-3

CONTINUATION OF PARTNERSHIP, AS OUTCOME

Partnerships, Ranked According to Desired Features, Within Four Types of Communities		Partnershio as an Ongoing Oraanitation Descriatian	Continuation Score*
Type A Middle- or Working-Class Communities With Newly-Rising or Newly-Unacceptable Substance Abuse Levels			
1. Ozarks Fighting Back	Springfield, MO	To receive state transition funds, is part of new CSAP award, and has funding for individual activities.	+
2. Middlesex County Substance Abuse Council	Middlesex, CT	Unsuccessful in defining organization status or new sources of funding.	0
3. Lake County Fighting Back Project	Lake Cty., IL	Has established new organization setting and is serving as coalition for new CSAP award.	+
4. Partnership for Prevention of Substance Abuse of Lynchburg	Lynchburg, VA	Pursuing feasible organization possibilities for continuing.	0
5. PACEsetters Coalition	Brevard Cty., FL	Only planning to leave exemplary activities: but even their support is questionable.	-
6. San Fernando Valley Partnership	Los Angeles, CA	Has formed independent organization and received funds, including CSAP award.	+
7. Westside Coalition for Substance Abuse Prevention	Maricopa Cty., AZ	Wants to continue, but no specific organization setting or sources of funding yet.	0
8. Aurora Prevention Partnership	Aurora, CO	Joined with two others to receive CSAP award.	+
9. East/West Community Partnership	Los Angeles, CA	Continuation to occur at small partnership level: two of four entities plan to pursue.	
10. Community Partnership for a Drug-Free Shreveport	Shreveport, LA	Exploring specific organization settings for continuing.	0

* See text for definitions of codes

(Continued on next page)

Exhibit 5-3 (Continued)

Partnerships, Ranked According to Desired Features, Within Four Types of Communities		Partnership as an Onaoina Organization: Description	Continuation Score*
11. Kalamazoo Community Prevention Partnership	Kalamazoo, MI	Filing for independent status and state funding.	0
12. Alamance Coalition Against Drug Abuse	Alamance Cty., NC	Actively seeking appropriate organization status and sources of funds.	0
13. Community Prevention Partnership of Berks County	Berks Cty., PA	Prospects not good, due to competition with prevention groups: some individual activities funded.	-
Type B: Resource-Poor Communities With Newly-Rising or Newly-Unacceptable Substance Abuse Levels			
1. Lamar County Community Coalition	Lamar Cty., MS	Seeking support for local components, not partnership as a whole.	
2. Communities in Partnership for a Healthier Macon County	Macon Cty., IL	Has no plan for continuing as a whole; only searching for support for individual activities.	
3. Alachua County Substance Abuse Partnership	Alachua Cty., FL	Cannot continue in its current organization setting but has no plan of action except for components.	
4. Washington County Anti-Drug Task Force Community Partnership	Washington Cty., MS	Has developed plan for continuing, but has not identified sufficient funding yet.	
Type C: Community Where Substance Abuse Rates Have Been High and Chronic for a Long Period of Time			
1. SAFE 2000 Community Partnership	El Paso, TX	No plans for partnership as a whole: local components and individual activities may continue	
2. Community Coaiition for Substance Abuse Prevention and Treatment	ios Angeles, CA	Has independent organization status, new CSAP award, and other source of funds.	+

* See text for definitions of codes

(Continued on next page)

Exhibit 5-3 (Continued)

Partnerships, Ranked According to Desired Features, Within Four Types of Communities		Partnership as an Ongoing Organization: Description	Continuation Score*
3. Dona Ana County Partners for Prevention	Dona Ana Cty., NM	Ended in 1994; later, experience incorporated into new CSAP coalition award.	-
Type D: Community with a Peculiar Illicit Drug Production Condition			
1. Arecibo Community Partnership	Arecibo, PR	Leaders move to new coalitions award, but partnership has no plans for continuing	-
2. McCurtain County Community Coalition Partnership	McCurtain Cty., OK	Seeking to secure funds; was declined by CSAP coalitions programs	0
3. Tri-County Substance Abuse Prevention Alliance	Knox, Laurel, & Whitley Ctys., KY	Formed a committee to explore options; coordinator to be supported through block grant money.	0
4. Cabell County Coalition for Substance Abuse Prevention	Cabell Cty., WV	Searching for federal, state, and local sources of funding.	0

* See text for definitions of codes

Assuming that some of the ten partnerships with zero scores are eventually successful in their quest for continuation, it could be estimated that about 30 to 40 percent are likely to continue after their original period of CSAP support. A further observation is that the information on this outcome does not include any estimate of the "amount" of continuation; also, continuing partnerships may not operate at the same size or intensity as in their earlier period. (Such downsizing of operations was found in an earlier study of the continuation of high-risk youth grants after the end of their CSAP support [CSAP, 19911).

Association with Desired Prevention and Organizational Features. Exhibit 5-3 also readily shows links between the continuation outcome and partnerships' attainment of the desired prevention and organizational features. In general, the two sets of scores were not perfectly aligned. However, for partnerships in Type A communities, those ranked higher for prevention and organizational features did tend to have a higher frequency of positive scores for continuation. The reverse was true for the other three types-those having more desirable organizational features showed a lower likelihood of continuation.

5.3 PARTNERSHIPS' PREVENTION AND ORGANIZATIONAL FEATURES THAT MIGHT BE HIGHLIGHTED IN THE FUTURE

At the same time, although the results revealed no overall pattern for all 24 partnerships, the performance of specific partnerships may still be worth highlighting, to promote inquiry about future efforts.

5.3.1 Five Partnerships Implemented Desirable Organizational Features and Were Associated with Statistically Significant Outcomes

From this less global perspective, five partnerships satisfied two conditions. First, they were among those with the highest scores, by type of community, on prevention and organizational features; second, they also showed some reduction in substance abuse that was statistically significant from their comparison communities. (The selection for statistical significance was based on multiple criteria because no single analysis consistently produced the same set of top partnerships: statistically significant differences on some substance abuse prevalence rate as part of the paired analysis in Chapter 2, which were based on ordinary linear logistic-model regressions; similar differences on some substance abuse rate as part of the rankings analysis in Exhibit 5-1, which were based on mixed model regressions; and similar differences when substance abuse rates for past month and past year were combined, also using mixed model regressions.)

Exhibits 5-4a through 5-4e profile of each of these partnerships, consisting of the main words or phrases associated with scoring for that partnership's prevention and partnership features. The scores also are shown in the profile. (A fuller but still abbreviated description appears in Appendix H; the most complete description is found in the entirely separate composite report for each partnership).

Two of these partnerships were in Type A communities, two were in Type C communities, and one was in a Type D community. Combined, these five profiles therefore present potentially useful features about successful and innovative community-based partnership models, including matching prevention strategies to community type; and the presence of decentralized local units. These are described below.

Having a Strong Core of Partners. The successful partnerships had a strong core of initial members or partners, evidenced by their having either worked together prior to the community partnership award or working closely together during the early stages of the partnership. In one case, the strong core reflecting the representatives of collaborating agencies who could work together to create coordinated services and unified policies; in another case, the strong core reflected community organizers that included "elders" who had learned their skills during the civil rights movement (Grills et al., 1996).

Creating a Comprehensive and Widely Shared Vision. A comprehensive vision permits every individual in a community to feel part of a partnership's mission. The vision can be captured by a short set of words. For instance, for one of the model partnerships, the vision was to "promote an environment where healthy life styles, hope, and opportunity replace alcohol, tobacco, and other drug abuse for all persons in the community." The vision is broad and accommodating, rather than discriminating and precise.

Sharing such a vision widely requires its continued discussion, use, and dissemination. Partnerships reinforced this common vision through the creation of logos, t-shirts, buttons, and other similar items.

Forming Small-area Units to Promote Broad-Based Membership. One strength of a community partnership lies in its ability to garner broad support for prevention, including the engagement of many volunteers and volunteer hours. With such support, a partnership can apply the needed pressure-whether to improve coordination among

Exhibit 5-4a

COMMUNITY PARTNERSHIP IN SPRINGFIELD, MO (Ozarks Fighting Back)

Community Type A: A city of about 140,000 with a minority population of about 4.5 percent; a diversified economy representing the financial and regional communications center of the southwestern part of the state; entire metropolitan area experiencing growth three times that of state; alcohol abuse the major drug problem.

1. **Breadth of Prevention Targeting: Partnership has directed its efforts toward drawing in all community systems by developing long-range, comprehensive, and self-sustaining prevention programs promoting healthy life styles for all citizens; also has focused on youth asset development (+).**

2. **Strength of Partnership's Prevention Activities and Policy Involvement: Broad variety of gang prevention, summer recreation, comprehensive social services delivered through local schools, workplace, child advocacy, and other prevention activities; frequent involvement in drafting and supporting new city ordinances as well as supporting state legislation, including anti-graffiti, zero tolerance, and drug sales to minors policies (H).**

3. **Match between Partnership's Prevention Strategies and Community Conditions: One-stop shopping for local services, coordination under a gangs task force, and other systems changes (+); policies cover broad variety of youth- and adult-oriented initiatives (+).**

4. **Presence of Desired Organizational Features of the Partnership:**
   a. **Partnership formed and received some funding prior to CSAP award (+).**
   b. **Vision embodied in five-year plan as well as annual plans, including new singular goal of youth asset development that emerged in Year-4 (+).**
   c. **Number of partners and those participating in advisory committee grew from small task force in 1988 to 108 organizational members and another 50–60 individual members by 1995 (+).**
   d. **Grantee agency and partnership signed a memorandum of agreement in 1992 to clarify roles, with grantee agency only involved in fiscal matters and in hiring and firing partnership staff (+).**
   e. **Benefited from two long-term employees, one the project director (+).**

5. **Presence of Decentralized Units to Cover Smaller Geographic Areas: Partnership employs large number of part-time neighborhood organizers, emphasizing community mobilization activities and concentrating on 21 neighborhoods, typically covering several square blocks (+).**

6. **Presence of Rival Activities and Policies not Involving the Partnership: Many other prevention activities in the community, within the education, law enforcement, and faith communities (+).**

Exhibit 5-4b

COMMUNITY PARTNERSHIP IN LAKEWOOD, IL
(Lake County Fighting Back)

Community Type A: Covers 454 square miles with population of about 516,000, about 83 percent white, with many cities, villages, school districts, and rural areas and considerable growth; alcohol and illegal drug use on the rise.

1. Breadth of Prevention Targeting: Mission is to "promote an environment where healthy life styles, hope, and opportunity replace the abuse of alcohol, tobacco, and other drugs for all persons in the community" (+).

2. Strength of Partnership's Prevention Activities and Policy Involvement: Partnership has limited direct prevention activities, as most are implemented by component local partnerships: also promotion and support of a few local policies as well as fax tree to monitor legislation being introduced that affects substance abuse (M).

3. Match between Partnership's Prevention Strategies and Community Conditions: Most important activities have been training and roundtables for local partnerships, provision of developmental dollars, establishment of resource database, and other coordinating initiatives (+); policy work has focused on zero tolerance law and county-wide teen curfew (+).

4. Presence of Desired Organizational Features of the Partnership:
   a. Partnership conceived prior to and received startup grant prior to CSAP award (+).
   b. Partnership unable to develop comprehensive, long-term plan: local partnerships operate independently and make own decisions on prevention strategies (0).
   c. Grew from 200 members in 1991 to a peak of 400 members in 1992 (+).
   d. Restructuring of project and reorganization of partnership in early 1993 results in loss of some original leadership and members; focus changes to go beyond substance abuse and include community organizing; some original prevention committees continue functioning despite reorganization (-).
   e. Four project directors during the first three years (-).

5. Presence of Decentralized Units to Cover Smaller Geographic Areas: Starting in 1993, started to promote formation of local partnerships, now numbering 17; developmental dollars used to help implement local partnership strategies (+).

6. Presence of Rival Activities and Policies not Involving the Partnership: County has a good number of prevention efforts supported within school, social services, and law enforcement agencies; state law requires social service agencies to establish local networks (not necessarily focusing on substance abuse) (+).

Exhibit **5-4c**

COMMUNITY PARTNERSHIP IN EL PASO, TX
(Safe 2000 Community Partnership)

Community Type C: City has about 545,000 people, bordering on Mexico and with 70 percent being Hispanic, City is fifth poorest in U.S., with about 25 percent of families below poverty and unemployment at 12.1 percent in January 1996. Number one gateway for drugs from South America, and alcohol-related arrests are high compared to other communities (also, minors can cross border where alcohol is cheaper and with fewer restrictions on sales to minors).

1. Breadth of Prevention Targeting: Overall mission is to "reduce substance abuse to minimal levels through prevention, education, interdiction, and treatment" (+).

2. Strength of Partnership's Prevention Activities and Policy Involvement: Provides community organizing and training for local task forces, which in turn conduct prevention activities; has separate workplace initiative; some involvement with local policies (M).

3. Match between Partnership's Prevention Strategies and Community Conditions: Local partnerships successful in obtaining funds to restore local park, and in getting nickname for neighborhood to be used by media and changing the neighborhood's image; coordination includes improvement of police relationships, with officers completing the partnership's parent-to-parent training and making strong commitment to community policing (+); policy involvement has promoted drugfree zones and workplaces and demolition of crack houses (+).

4. Presence of Desired Organizational Features of the Partnership:
   a. Partnership resulted from local drug summit and mayor's drug task force (+).
   b. No clear mechanism for creating unified or shared vision, especially with activities decentralized to the neighborhood task forces (0).
   c. Over 100 agencies and volunteers listed as members, with main priority being to recruit new members for neighborhood task forces (+).
   d. Mayor's office was grantee agency and continued strong support even though original mayor was not re-elected (+).
   e. Original project administrator left in September 1995, replaced by then field supervisor, with succession not appearing to be disruptive (+).

5. Presence of Decentralized Units to Cover Smaller Geographic Areas: Established neighborhood task forces in seven of eight city districts; four task forces especially strong (+).

6. Presence of Rival Activities and Policies not involving the Partnership: Most of substance abuse services emphasize treatment; one major prevention activity, midnight basketball, started in September 1994, leading to claim by police regarding significant decreases in crime by 1996 (+).

Exhibit 5-4d

COMMUNITY PARTNERSHIP IN SOUTH CENTRAL LOS ANGELES, CA (Community Coalition for Substance Abuse Prevention and Treatment)

Community Type C: Focus is subarea of about 850,000 people within a very large city; population of subarea is mostly African-American and Latino. Area has highest number of drug-related arrests, juveniles living in poverty, highest number of juvenile drug-related arrests, and highest rate of cocaine and heroin use, adult treatment admissions, and IV drug admissions in the entire metropolitan area.

1. **Breadth of Prevention Targeting: One of major goals is to develop a community-wide "prevention system" by adopting and implementing an environmental approach to substance abuse problems** (+).

2. **Strength of Partnership's Prevention Activities and Policy Involvement: Most prevention activities focus on neighborhood organizing, including organizing of youths; policy involvement is intense and has had county-wide and statewide effects** (M).

3. **Match between Partnership's Prevention Strategies and Community Conditiohs: Efforts have affected future distribution of substance abuse service dollars within the subarea, and neighborhood prevention activities focus on "wins,"** such as targeting the elimination of crack houses by forcing mortgage company to clean property and board the house (+); policy initiatives deal with reducing rate of rebuilt liquor stores and ordinances to levy financial penalties on selling tobacco to underage youth (+).

4. **Presence of Desired Organizational Features of the Partnership:**
   - **a.** Concepts of leadership and role-modeling employed as strategies for recruiting and building an ongoing volunteer base (+).
   - b. Identified overconcentration of liquor stores as issue of highest priority (+).
   - c. Members represent key institutions in the community; current membership has expanded to over 440 members; volunteer participation has steadily increased, leading to need for expanded office space in 1995 (+).
   - d. Early planners developed mission statement, outline of objectives and plan, and formation of the partnership (+).
   - e. Executive director has been the same throughout the partnership's history; staff and members are active participants and organizers of many community efforts (+).

5. **Presence of Decentralized Units to Cover Smaller Geographic Areas: A major activity is neighborhood** watchdog organization, with 59 neighborhoods active within the community; in each neighborhood, large segments of the community are targeted for motivation through a series of issues campaigns (+).

6. **Presence of Rival Activities and Policies not Involving the Partnership: No mention** of rival prevention activities other than new police hired (in the entire municipality) to work on community policing in 1993 (-).

Exhibit 5-4e

COMMUNITY PARTNERSHIP IN KNOX, LAUREL, AND WHITLEY COUNTIES, KY
(Tri-County Substance Abuse Prevention Alliance)

Community Type D: Southern community comprised of three-counties with a total population of about 107,000; region has historically been characterized by extreme poverty, and most residents live in rural, often remote areas: racial minorities are less than two percent of the population; high tolerance for alcohol and tobacco use, especially smokeless tobacco among teenagers.

1. Breadth of Prevention Targeting: Focused on five specific planning issues: marijuana use and cultivation, parental permissiveness, lack of recreational or alternative activities, lack of community awareness about the partnership, and lack of awareness about alcohol and tobacco abuse (-).

2. Strength of Partnership's Prevention Activities and Policy: The partnership's main prevention activities have been a workplace program which still did not lead to ongoing participation by the business community, a developmental grants program, and the advent of family resource youth service centers; attempted minimal policy changes (L).

3. Match between Partnership's Prevention Strategies and Community Conditions: Main activity was involvement in the advent of family resource youth service centers, which provide direct assistance and referral to families and school children with basic needs, including substance abuse services(+). The partnership concentrated on only one policy-to increase the substance possession penalty from ten days suspension to immediate expulsion--which was implemented by the schools in 1994-1995 (0).

4. Presence of Desired Organizational Features
   a. No evidence of strong core of partners, but also no contrary evidence (0).
   b. The partnership had no strategic plan; decisions for when strategic planning was necessary was left to the steering committee (-).
   c. Had difficulty engaging the interest of the business, faith, and grassroots community groups; little evidence that the partnership speaks for the community (-).
   d. Partnership appeared to outsiders to be an activity of the lead organization.
   e. Project Director remained the same throughout the life of the partnership. Staff and partnership chair played a significant role in the support of the partnership (+).

5. Presence of Decentralized Units to Cover Smaller Geographic Areas: Partnership had three community organizers, with each serving one of the three counties, but there was little information about the activities of these organizers within the counties (0).

6. Presence of Rival Activities and Policies not Involving the Partnership: There were a number of prevention activities independent of the partnership, including afterschool programs, treatment programs, and outreach programs (+).

existing agencies and prevention programs, generate support for new prevention activities, or identify relevant changes in local policies.

The five model partnerships all garnered this broad support by organizing large numbers of area-based task forces, neighborhood teams, or local councils. Each unit covered a smaller area within the partnership's overall target area. In some cases the units operated with considerable autonomy from the larger community partnership.

By having such area-based units, every model partnership experienced the ability to recruit and motivate large numbers of residents. People could get involved in the affairs specific to their own neighborhood, for instance, and not merely be members of some broader but less definable partnership. Further, the volunteerism for local concerns frequently led to increased support for prevention activities by the local residents. For instance, in one model partnership graffiti "paint-outs" were among the popular prevention activities, and local merchants freely provided all the needed gallons of paint. In another model partnership, the creation of neighborhood teams permitted the partnership to encourage widespread youth participation, providing the opportunity for youth leadership training.

Prevention Activities. The model partnerships were all able to mount a strong and diverse array of prevention activities. A major accomplishment of one model partnership was the coordination of comprehensive social services, delivered through "one-stop" shopping at local schools. This activity was so successful that it later obtained new sources of funding support to continue independently.

Other types of prevention activities included raising community awareness over substance abuse issues, including influencing coverage by the mass media. One of the model partnerships prided itself in having established strong and positive relationships with the local media, and knowing how to put the desired "spin" on how a community event would later be covered by the media. Another partnership began promoting the use of a more desirable name for one of its neighborhoods, countering the negative connotations that had been associated with the prevailing name, and having the media adopt the more desired name in all of its coverage. Prevention initiatives in the workplace also were helpful.

Overall, the cross-site evaluation tracked prevention activities undertaken by all the partnerships, not just the models. A helpful distinction can be made between "incentive" activities and "strategic" activities. Partnerships often undertake incentive activities to raise awareness and support for the partnership, and not just substance abuse prevention, and supporting these incentive activities can be important during the early stages of

partnership development. In contrast, strategic activities are more sustained prevention activities, aimed at educating youths, community development, or workplace prevention.

Local Prevention Policies. Similarly, the partnerships discovered that local policies, and not just prevention services, could influence prevention outcomes. For one of the model partnerships, a major prevention initiative related to the formation of an anti-gang task force; facilitating the work of this task force was pressure to put into place anti-graffiti ordinances in the partnership's area.

Because of the great importance of supporting the desired local prevention policies, the cross-site evaluation also tracked this involvement on the part of all the partnerships, not just the five models.

The diversity of activities readily reflected the assumption that substance abuse prevention is not merely a matter of targeting certain at-risk groups, but that initiatives aimed at community development also are prevention initiatives. Land use practices, local economic development, housing, and job markets might all be considered as falling within the realm of community development. Thus, for one of the model partnerships, the major prevention initiative dealt with controlling the licensing of alcohol! outlets in the neighborhood (an example of trying to influence land use regulations), as well as making the streets around such outlets safer by promoting better street lighting.

Partnership Management: Avoiding or Resolving Severe Conflicts and Minimizing the Disruptive Effects of Staff Turnover. Two other desirable features of successful partnerships are related to their management of conflict and of staff turnover. Successful conflict management did not mean the elimination of all conflict. Rather, the partnerships avoided expending large amounts of time or energy on conflicts involving such issues as priority-setting, use of resources, or defining shared responsibilities. Similarly, successful staff management did not mean avoiding any staff turnover. In fact, two of the model partnerships had significant turnover. The goal, instead, was to assure that qualified and experienced personnel (in some cases, the former underlings of the departing staff) were available and could transition smoothly into positions of staff leadership when turnover did occur.

5.3.2 **Three Other Partnerships with Published, Successful Outcomes**

Adding to these five community partnerships that were part of the present evaluation are three additional partnerships whose work and successful outcomes have been the subject of separate publication (Rohrbach et al., 1997; Rowe, 1997; Shaw et al., 1997). (Reports of other partnerships in addition to these three might also exist but were not

sought in the present evaluation.) Two of these might be considered Type A communities. The first was a working-class fishing community with a year-round population of 28,000 and predominantly white-ethnic community; and the second was an urban community of 175,000 residents located outside of a large city. The third community might be considered a Type C community: a Native American community of about 550 people with a long history of struggle with alcohol abuse and drug addiction problems (dating back to the 1800s when alcohol was first introduced to the tribe) and with new drug-related problems, including marijuana and cocaine use and drug dealing. Evaluations in all three communities demonstrated statistically significant changes in substance abuse behavior over the period of time that the partnerships operated.

The two Type A communities both exhibited a high degree of coordination and attention to the environment as ways of organizing a variety of prevention activities. In the community of 28,000, ten active coalitions were formed, each with its own range of activities. In the community of 175,000, the public health model of prevention was explicitly adopted, with a major accomplishment being the development and implementation of a multifaceted, citywide policy to regulate the availability of alcohol for youths. The Type C community's strategy was to develop a strong grassroots organization and a bottoms-up process of widening the circle of community involvement, but also changing the community's infrastructure by working with the Tribal Council to adopt new policies and develop new relationships with existing public services and departments, including police and courts, social services, and education.

Because these three published accounts were not part of the National Cross-Site Evaluation, further details about the prevention and organizational functioning of the partnerships that might corroborate or challenge the six models previously discussed are not available. However, the surface comparisons are compatible with the six models.

Taken together, the experiences of the nine partnerships suggest hypotlheses about community-based models and their effective prevention strategies, to be tested in the future. The most general observation is the likely need for different strategies, as previously posited, depending upon the type of community conditions being confronted. Interestingly, none of the nine examples deals with Type B communities (resource-poor communities with newly rising or unacceptable substance abuse levels), and only one example dealt with a Type D community (communities that produce illicit drugs, as in cultivating marijuana or moonshining), but this example did not work successfully on the drug production condition. As a result, the nine models may stand well for Type A and Type C communities, but may not work with the Type B and Type D communities.

5.3.3 Barriers to Effective Partnering or Prevention Strategies

Traditional ideas about barriers or hindrances to partnership functioning have usually derived from the basic tenets of organizational behavior. The inhibiting role of such organizational conditions as conflict or disagreement, lack of definition of purpose, time constraints, lack of member motivation, lack of resources, and staff or member turnover have been commonly investigated. These conditions were in fact covered by the annual survey of all partnerships, administered as part of the first tier inquiry by the cross-site evaluation. Results are shown in Exhibit 5-5.

To go beyond these more common organizational conditions, the experiences by the partnerships that had scored poorly among the 24 intensively studied partnerships were further examined to see whether new or more partnership-specific inhibitors could be identified. Several appeared to have major repercussions for the partnership's entire functioning. These, with examples excerpted from partnership summaries in Appendix H, are discussed next.

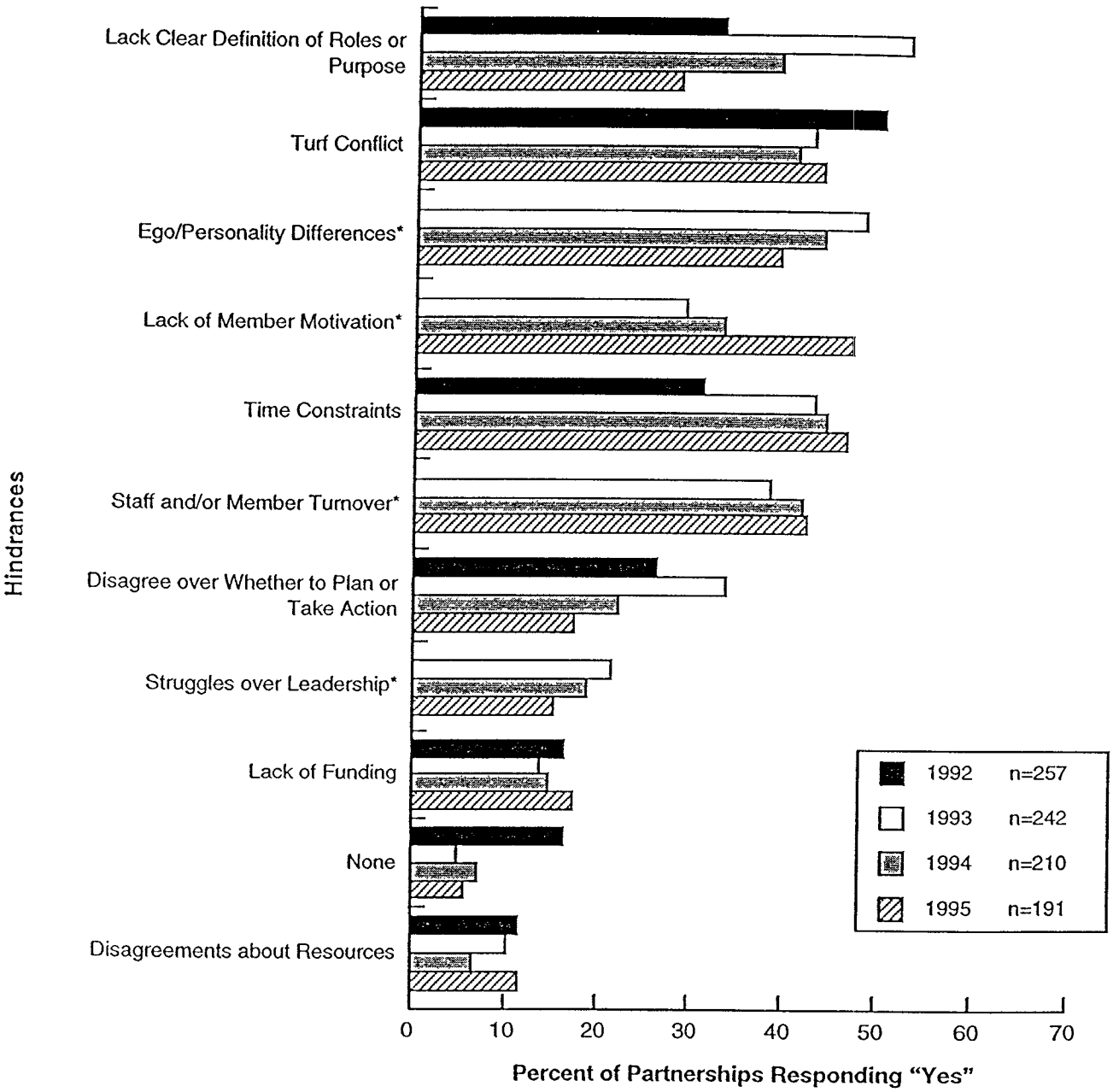
Partnership as a 'Project," and Insular Growth. One major barrier to a partnership's evolution occurred when it was a "project" within an existing public agency or community organization-often conceived from the outset as a time-limited effort (coinciding with the period of CSAP funding). Partners in this type of partnership did not seem to have a vision of an inclusive partnership. Although interagency collaboration existed, it did not appear to differ from the more routine type of interagency arrangements that commonly exist in bureaucracies. The likely problem was an inability to gain meaningful commitments from other agencies or to reach out to grassroots constituents, faith communities, businesses, and others not usually associated with public agencies. Such partnerships did not develop large-sized memberships and had trouble maintaining more than small groups of participants toward the end of their funding period.

Being conceived as a project also could lead to governance conflicts between the board or executive committee of the partnership and the supervising agency within which the partnership was located. For instance, one of the lower scoring partnerships had the following situation:

> The lead agency was the county's human services department. From the outset, the domination by this department created difficulties, ... and other agencies and organizations resisted active involvement in the partnership. For instance, the department believed that it determined a number of partnership issues, not the board of directors. Such a posture was reinforced by the fact that the partnership's project manager, a former employee of the department, was perceived as being too closely linked to that agency.

Exhibit 5-5

REPORTED *HINDRANCES* TO PARTNERSHIPS' INTERNAL DEVELOPMENT



*Response category not used on 1992 NES

Source: Phase II National Evaluation Survey Database, 1995

Interestingly, avoiding the conception of a "project" did not necessarily mean that a partnership had to be a self-standing, independent entity. Many of the successful partnerships worked within the confines of a grantee agency that served as a fiscal agent (and sometimes provided even more support than a fiscal agent). The partnerships did not choose to invest energy in forming a formal entity during their early period and expanded membership growth and broadened support.

Luck of Early Consensus Over the Partnership's Basic Mission. Another barrier was a lack of consensus that was not necessarily revealed during the initial application process for the CSAP award. For instance, one partnership

> . . . thought that only ten members could be proposed (the application thus excluded several organizations that later refused to join because of not being invited to join to be an original member).

This same partnership believed that CSAP funds could be used for purposes it identified; the partnership had not noted the administrative restrictions (e.g., purchasing land or buildings). Even though CSAP quickly clarified this situation during the negotiation of the initial award, original partners became frustrated and dropped out of the partnership.

Here is another example of lack of consensus among the core leaders of a partnership.

> The partnership experienced conflict over several issues during its formation, including individual misunderstandings about the requirements of the CSAP award, disagreement over the staff selection process and the choice of a project director, and the partnership's internal structure, racial representation, selection of a local evaluator, and selection of a logo.

Not surprisingly, this partnership was set back for at least two years by turnover in the project director position (four in that period). By the fourth and fifth years, the partnership appeared to be functioning smoothly.

Driven Too Much by Staff. Residents' and partners' support of community partnerships is volunteer-based, not paid, and as such may pose a dilemma: actions and activities may require staff support because this may be the only reliable resource. Thus, staff who are too directive in planning a partnership's strategic direction may create another barrier.

One example of the latter comes from a partnership that scored low and had a continuing problem with being staff-driven. The result was inhibited participation in the partnership. In this partnership,

> Community members are invited to attend an annual strategic planning retreat. Subsequently, the partnership's project director creates a marketing plan. While the partnership and staff plans match on paper, over the past year there has been more emphasis on implementing staff projects . . . As a result, the implemented activities do not appear to reflect the partnership's comprehensive vision and plan.

Insufficient Identity. A final barrier was a partnership's inability to form its own clear identity. In one case, the identity was obscured within the context of that of the grantee agency. This partnership was located, physically and organizationally, within a nonprofit organization, and the office location and publications sponsored by the partnership did not fully recognize its role. The close association led outsiders to believe that the partnership was an "activity" of the community organization. In another case, the name of the partnership ("anti-drug task force") was readily confused with a law enforcement activity ("drug task force") in the same community. Because the law enforcement effort was aimed at arresting and prosecuting drug dealers and buyers, partnership staff and members were criticized for not arresting more people.. This confusion continued for the first few years of the partnership, although it was eventually surmounted over time.

Aside from these inhibitors, the 24 partnerships revealed no other serious inhibitors to effective partnering or prevention strategies. As a more general observation, the concept of "barrier" does not correspond well with partnership experiences. For instance, all partnerships may be continually threatened by resource limitations, staffing and organizational problems, internal conflict, and defining and implementing appropriate prevention strategies. Successful partnerships overcome these conditions, whereas troubled partnerships may not. However, the notion of "barrier" does not fit these phenomena well, and a more relevant concept for explaining inhibiting conditions to partnering and prevention success appears to be one of "insufficiency"—e.g., an insufficiency of resources, managerial skills, vision, or prevention expertise. Future lessons learned may include a search for and focus on partnership insufficiencies rather than barriers.

5.3.4 Individual Partnerships' Experiences with Local Prevention Policies

A final topic of interest is related to work with local prevention policies, first discussed in Chapter 3 of this report. The analysis in that chapter tried to determine

whether any statistical relationship existed between the extent of partnerships' involvement in local prevention policies, reflected by a simple count of the: policies uncovered during the annual site visits that involved the partnership. The analysis found no simple correlation between the extent of involvement and substance abuse outcomes. The chapter concluded that assessing "extent" alone might have been an insufficient measure; attention was needed on the types of policies as well.

Exhibit 5-6 enumerates both the extent and the different types of policies in which the 24 partnerships were engaged. For any given partnership, the total number of policies reflected the measure of "extent" previously used in Chapter 3 as a hypothesized correlate of substance abuse outcomes. Within the overall count of policies, five broad types of policies also are identified: those dealing with community or neighborhood, the criminal justice system, schools, workplaces, or the commercial marketplace. Inspection of these data revealed the following observations.

First, the partnerships collectively were involved with a broad variety of policies, but none were involved in all five broad types (four partnerships were involved with four types). Further, there is no emergent partnership typology with regard to policies.

Second, if partnerships' total number of policy involvements are categorized into "high" (5-7 policies), "medium" (2-4 policies), and "low" (O-l policies) categories, one distributional pattern did emerge with regard to the four community types (see Exhibit 5-7).

Interestingly, only one of the 13 Type A communities (middle- or working-class communities with newly rising or newly unacceptable substance abuse levels) was in the "high" group. In contrast, three of the four Type B communities (resource-poor communities with newly rising or newly acceptable substance abuse levels) was in the "high" group, and the fourth was in the "medium" group. This pattern could suggest that an important alternative for community partnerships in resource-poor communities is to focus on changing local policies. This strategy is sensible because such changes might not necessarily call for extensive new resources or infrastructure. Finally, the low policy involvement by partnerships in Type D (illicit drug-producing) communities may again reflect the partnerships' inability (or unwillingness) to challenge the norms in existing policies. The potential relationship between type of community and likely usefulness of policy-oriented strategies therefore deserves further attention in future work and research on community partnerships.

Exhibit 5-6

COMMUNITY PARTNERSHIPS' INVOLVEMENT WITH DIFFERENT TYPES OF PREVENTION POLICIES

Policies	Alachua County Substance Abuse Partnership	Alamance Coalition Against Drug Abuse	Arecibo Community Partnership	Aurora Prevention Partnership	Cabell County Coalition for Substance Abuse Prevention	Communities in Partnership for a Healthier Macon County	Community Coalition for Substance Abuse Prevention and Treatment	Community Partnership for a Drug-Free Shreveport	Community Prevention Partnership of Berks County	Doña Ana County Partners for Prevention	EastWest Community Partnership	Kalamazoo Community Prevention Partnership	Lake County Fighting Back Project	Lamar County Community Coalition	McCurtain County Community Coalition Partnership	Middlesex County Substance Abuse Council	Ozarks Fighting Back	PACEsetters Coalition	Partnership for Prevention of Substance Abuse of Lynchburg	SAFE 2000 Community Partnership	San Fernando Valley Partnership	T&County Substance Abuse Prevention Alliance	Washington County Anti-Drug Task Force Community Partnership	Westside Coalition for Substance Abuse Prevention
A. Community or Neighborhood Related Policies																								
1. Curfews						1							1										1	
2. Parking or automobile use (e.g., anti- cruising)						1																		
3. Use of public parks or other public spaces, signs in public spaces; drug free zones or events		1			1						1				1		1	2		2	1			1
4. Housing policies (e.g., code enforcement, boarding, demolition)							1													1				
B. Law Enforcement and Criminal Justice Policies																								
5. DUI, DWI- BAC-related ordinances, including fines and penalties	1					1							2	1		1							1	
6. Changes in drug-related violations, misdemeanors, and felonies, including zero tolerance laws and juvenile gun ordinances			1				1	2					1			1	1			1			1	1
7. Drug courts or other court-related changes, fines from drug convictions used for prevention activities																								
8. Changes in corrections system (probation, parole, etc.)											1				1								2	

(Continued on next page)

Exhibit 5-6 (continued)

Policies	Alachua County Substance Abuse Partnership	Alamance Coalition Against Drug Abuse	Arecibo Community Partnership	Aurora Prevention Partnership	Cabell County Coalition for Substance Abuse Prevention	Communities in Partnership for a Healthier Macon County	Community Coalition for Substance Abuse Prevention and Treatment	Community Partnership for a Drug-Free Shreveport	Community Prevention Partnership of Berks County	Doña Ana County Partners for Prevention	EastWest Community Partnership	Kalamazoo Community Prevention Partnership	Lake County Fighting Back Project	Lamar County Community Coalition	McCurtain County Community Coalition Partnership	Middlesex County Substance Abuse Council	Ozarks Fighting Back	PACEsetters Coalition	Partnership for Prevention of Substance Abuse of Lynchburg	SAFE 2000 Community Partnership	San Fernando Valley Partnership	Tri-County Substance Abuse Prevention Alliance	Washington County Anti-Drug Task Force Community Partnership	Westside Coalition for Substance Abuse Prevention
C. School Policies																								
9. Drug-free schools, gun-free schools	1					1	1														1			
10. School suspension policies																						1		
11. Drug inspections by dogs			1																					
D. Workplace Policies																								
12. Drug-free workplace	1													1	1		1	1						1
13. EAPs															1									
14. Drug testing (pre-employment or employment)																								
E. Commercial Marketplace Regulations																								
15. Licensing or certification (e.g., liquor licensing, keg registration)							2														3			2
16. Sales limitations or penalties (e.g., sales to underage youths, spray paint sales)							1	1						1	1	1								1
17. Changes in commercial drug sale regulations (e.g., over-the-counter drugs)					1																			
18. Changes in insurance coverage or eligibility																								
19. Excise, sales, or other taxes aimed at making drug products less accessible																1								1
TOTAL:	2	1	2	0	2	7	6	2	0	0	2	0	4	3	5	4	3	3	0	3	5	1	5	4

Exhibit 5-7

PARTNERSHIPS' EXTENT OF POLICY INVOLVEMENT BY FOUR COMMUNITY TYPES (n=24)

Community Type	Extent of Policy involvement: High (5-7 policies)	Medium (2–4 policies)	Low (O-l policies)
Type A: Middle- or Working-Class Communities with Newly Rising or Newly Unacceptable Substance Abuse Levels	1	8	4
Type B: Resource-Poor Communities with Newly Rising or Newly Unacceptable Substance Abuse Levels	3	1	0
Type C: Community Where Substance Abuse Rates Have Been High and Chronic for a Long Period of Time	1	1	1
Type D: Community with A Peculiar Illicit Drug Production Condition, such as Cultivating Marijuana or Producing Moonshine	1		2

SECTION 6

Lessons From the Community Partnership Program

6. LESSONS FROM THE COMMUNITY PARTNERSHIP PROGRAM

The Community Partnership Program reflected a prevention strategy aimed at changing conditions in the ***community environment*** of all the people of the community, especially of at-risk population groups (e.g., youths), not just the persons in these population groups. Such a strategy is newer than and complements the longstanding array of population-specific prevention efforts, reviewed recently by Kumpfer (1997).

As with most drug prevention efforts (and also many community-based efforts aimed at similar goals such as violence prevention, community development, or strengthening families), the evaluation did not find that forming and implementing a community partnership was an automatic solution to a community's substance abuse problems, at least in the short run. Although the outcome findings were promising, few statistically significant reductions in substance abuse were found by the evaluation.

Further, some would claim that the Community Partnership Program itself was hampered by limiting grantees to a five-year period and a single award. Two to three years were spent in community infrastructure building and not enough time was left for the partnerships to effect the needed systems and structural changes in their communities. In contrast, successful community-based efforts, such as the Head Start program, have been in place for decades. A community's stance against substance abuse, accompanied by the desired cultural change, may take many more years and much more effort than was provided by the Community Partnership Program.

Community Partnerships as a Viable General Strategy for Preventing Substance Abuse. However, compared to other prevention activities that for many years have not demonstrated any clear promise, the Community Partnership Program showed that partnerships may be a fruitful strategy. Both the individual "path" analysis (Chapter 2) and the organizational "path" analysis (Chapter 3) support this claim. For instance, the individual analysis showed significant relationships among the following conditions: a person being in a partnership community, living in a neighborhood safe from drugs, participating in prevention activities, adopting a disapproving attitude toward drug use, and actually reporting less drug use.

Further, the program's experience showed that community partnerships can be adapted to serve the substance abuse prevention needs of nearly every type of community in this diverse country. The funded partnership operations covered such varied conditions as: large suburban areas, communities with chronic drug problems, Native

American reservations, highly conservative communities, and rural counties. The program therefore established that community partnerships are a potentially ***general*** strategy for substance abuse prevention.

Tailoring Prevention Strategies to Match Community Conditions. The experience of the Community Partnership Program pointed to a set of desirable features-practiced by model partnerships that did have statistically successful outcomes-and fhese were discussed in Chapter 5. Moreover, the model partnerships covered a diversity of community types. In fact, the emergence of a fourfold typology of community conditions was a by-product of the evaluation and may be relevant in guiding those that are implementing community partnerships. The evaluation suggested that, depending upon the type of community conditions, different prevention strategies might be favored.

The Continuing Importance of Community Partnerships. The findings and lessons from the Community Partnership Program are sufficiently encouraging to warrant continued efforts at making partnerships work to prevent substance abuse. The contrasting and more traditional prevention strategies have been to target specific individuals in "at-risk" populations-e.g., youths who are economically disadvantaged, dropouts, runaways, pregnant as teens, or abused or neglected and latchkey children; or adults that are at risk due to high stress related to unemployment or domestic discord, or due to association with drug users.

Evaluation of these traditional strategies, over many years, has shown few lasting results. One logical explanation is that the targeted strategies only reach one facet of an individual's life, and for a short period of time. The high-risk individual is therefore still exposed, during the remaining facets of his or her life, to the same undesirable conditions-in the broad context of a community-that led to being "at-risk" in the first place. A further reality of the "targeted" approach is that it must be repeated, endlessly. The infusion of money toward an isolated situation must occur year after year, location by location, person by person, never addressing the contextual and environmental aspects of community life. Further, to be effective, the targeted approach must be properly targeted-with interventions chosen carefully to match the specific population at risk (Kumpfer, 1997).

The community partnership strategy complements the targeted approach.. The strategy posits that we may be able to change the social environment by building permanent structures for communication and cooperation among community groups, public agencies, service organizations, and individuals who share the common goal of reducing substance abuse-and that partnerships can identify and implement longer-

lasting changes through community development, local policy implementation, and institutional restructuring.

Yet, the partnership idea has only been practiced on a large scale for fewer than ten years. Individual partnerships are continuing to struggle as organizations, and successful changes in community norms, expectations, behavior-and culture-take much longer.

To cite but one parallel example, thirty years ago the sighting of a runner on the streets would only have occurred if the runner was dealing with some emergency situation. Today, people of all ages may be seen running on the streets during the early or twilight hours-but these people are jogging to maintain healthy lifestyles. The sight is commonplace, and major segments of the economy have shifted in an accommodating direction, including the production of healthier foods as well as the sponsorship of appropriate sports and health facilities. Health "promotion" has now assumed a new position in the culture (one that younger persons take for granted because they are not aware of the older culture). Preventing substance abuse may need to be understood as a comparably challenging situation-transitioning from an older to a newer culture-and from the comparably broader perspective of promoting healthier communities across the entire country.

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SAMHSA

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APPENDIX A

Community Indicators for Partnership and Comparison Sites,
Based on Locally Collected Data

COMMUNITY INDICATORS FOR PARTNERSHIP AND COMPARISON SITES, BASED ON LOCALLY-COLLECTED DATA

Sites	Community Indicators Collected	Years
1. Brevard County, FL (P) St. Johns County, FL ©	BI. Arrests for drug/narc. and drug/equip. B2. Arrests for liquor law violations B3. Juveniles arrested for DUI, narcotics, drug equipment or liquor law violations CI. Alcohol related traffic accidents c2. Alcohol related traftic fatalities c3. DUI arrests C4. 15-19 year olds killed/injured in alcohol/drug related crashes E. ATOD related deaths (very small numbers) F1. Presence of drugs in mother at time of birth F2. Substance exposed newborns G. Number of juveniles referred to AOD trt. programs (per 1,000) K. Number of liquor + tobacco licenses issued (per 1,000)	1. 1990–1994 2. 1996-I 994 3. 1993 4. 1996-1994 5. 1990–1994 6. 1990–1994 7. 1993 8. 1999-1994 9. 1992-1993 IO. 1992-1993 II. 1993 12. 1993
Brevard County only	E2. *AOD related deaths (alcohol related traffic fatalities, AOD related homicide)*	*1. 1988–1994*
St. Johns County only	B. Arrestees admitted to detox E. Emergency services diagnostic review (substance abuse diagnosis) H. AIDS cases	1. Fiscalyear1994 2. Selected months in 1994 and 1995 3. Cumulative through 4/12/95
2. Alachua County, FL (P) Escambia/Leon, FL ©	B1. Arrests for drug/narc. and drug/equip. B2. Arrests for liquor law violations CI. Alcohol related traftic accidents c2. Alcohol related traffic fatalities C3. DUI arrests D. Cost + purity of illegal street drugs - crack, marijuana E. ATOD related deaths (very low numbers) F1. Presence of drugs in mother at time of birth F2. Substance exposed newborns G. Number of juveniles referred to AOD trt. programs (per 1,000) K. Number of liquor + tobacco licenses issued (per 1,900)	1. 1990–1994 2. 1992-I 994 3. 1989-1994 4. 1989-1994 5. 1992-I 994 6. 1995 7. 1992-1994 8. 1992-1993 9. 1992-I 993 0. 1993 1. 1993
Alachua County only	C4. Percent of traffic accidents involving alcohol C5. Percent of traffic fatalities involving alcohol G. Adult/juvenile detox treatment admissions	1. 19861993 2. 1986-1993 3. 1991-1993
Escambia/Leon counties only	33. Disorderly intoxication F3. Polydrug exposed newborns	1. 1993-1994 2. 1990–1993
1. Alamance County, NC (P) Cabarrus County, NC ©	31. Arrests directly related to drugs 32. Arrests for liquor law violations C. DWI arrests	1. 1988-1993 2. 1988-1993 3. 1988-1993
Alamance County only	C1. Alcohol/drug related traffic accidents D. Cost of marijuana, cocaine, crack G. Substance abuse related psychiatric diagnosis H. HIV positive cases K. Revenues from spirituous liquor	1. 1988-1992 2. 1994 3. (Dec. 1993, April, June, Sep. 1994) 4. 1990 through May 1994 5. 1988-I 994
Cabarrus County only	IO unmatched data	

(P)=Partnership site
(C)=Comparison site

Sites	Community Indicators Collected	Years
4. Lynchburg, VA(P) Concord, NC ©	no matched data	
Lynchburg only	B. Drug-related arrests	1. 1990–1994
	B2. Liquor law violation arrests	2. 1993-1994
	B3. Intoxicated persons' arrests	3. 1993-1994
	B4. Drug positives from urine samples of arrestees	4. 1992-1994
	C. DUI arrests	5. 1993-1994
	E. ATOD related deaths	6. 1991-1994
	G. Drug/alcohol related calls for services	7. 1993-1994
	G2. Adults in mental health or substance abuse treatment	*8. 1991-1994*
	H. Incidence of HIV Transmissions and AIDS cases	9. 1992-1994
	K. Density of alcohol outlets	10. 1992-1994
	K2. Consumption of alcohol based on tax revenue data	11. 19921994
Concord only	no data collected	
5. El Paso, TX (P) Corpus Christi, TX ©	BI. Arrests for sales/manufacturing drugs (total # and for marijuana)	1. 1991
	B2. Arrests for drug possession (total # and for marijuana)	2. 1991
	B3. Arrests for liquor law violations or drunkenness	3. 1994
	CI. Single vehicle DWI related accidents	4. 1994
	C2. DWI arrests	5. 1994
	D. Cost of 1 hit (1/10th of gram) of coke, heroine, marijuana	6. 1995
	E. Total direct/indirect alcohol mortalities, total drug mortalities	7. 1993 8. 1992-1993
	F. Birth certificates w/ tobacco or alcohol use indicated	9. 1991–4/30/95
	G. Trt. Admissions at AOD program services	10. 9/1/1994–4/30/95
	G1. Numbers' on waiting list for AOD program services	11. 1991-1994
	H1. STDs (chlamydia, gonorrhea, total syphilis)	12. 1993
	H2. HIV/AIDS deaths	13. 1995–cumulative
	H3. AIDS cases/ Iv drug use transmissions	
El Paso only	B. Arrests for sales/manufacturing drugs (total # and for marijuana)	1. 1991-1993 2. *1991–1994*
	B2. Substance related arrests by age group (alcohol, cocaine, DWI, marijuana)	3. 1991-1993
	B3. Drug seizures from U.S. Customs Service	4. *1992–1994*
	E. Trauma complicated by 1) alcohol, 2) liver cirrhosis, 3) drug withdrawal, 4) drug induced mental disorder*	5. *1992--1994*
	E2. Births complicated by alcohol fetal syndrome, narcotics	*6. 1993-1995*
	H. Incidence of drug-related STDs, including HIV transmission in AIDS cases	7. March 1991
	K. Amount of alcohol sold(by Zip-code)	
Corpus Christi only	no unmatched data	

Sites	Community Indicators Collected	Years
5. McCurtain County, OK (P) Okmulgee/Caddo, OK ©	B. Arrests for drug abuse violations, sales/possession B2. Liquor law violations B3. Arrests for Drunkenness B4. Incidence of ATOD related violence C. DUI arrests D. Cost of cocaine and marijuana G. Substance abuse related calls to hotline G2. Admissions to mental health centers for AOD problems (< 18) G3. Admissions to mental health centers for AOD (total #;s) H. STD rates, syphilis, Gonorrhea, Chlamydia	1. 1994 2. 1994 3. 1994 4. 1994 5. 1994 6. 1995 7. 1993-1994 8. 1994 9. 1993-1994 10. current data
McCurtain County only	*B. Arrest rates for drug and alcohol violations* *B2. Arrests for youth under 18 (DUI, liquor law violations, drunkeness, disordedy conduct)* *C2.* DUI accidents *C3. Traffic fatalities with AOD involvement* E. Deaths due to chronic liver disease and cirrhosis G. *Substance abuse clients of state funded substance abuse programs* I. Number of drug positives from urine samples of largest employer in area	*1. 1988, 1992* *2. 1988–1992* 3. 1989, 1991–1994 *4. 1989–1994* 5. 1990–1992 *6. FY1990–FY1992* 7. 1994
Okmulgee/Caddo only	C2. Number and percent of DUI crashes	1. 1993-1994
7. Lamar County, MS (P) Pearl River County, MS ©	C. *DUI Arrests* C2. *Accidents Involving Alcohol (injuries)* E. Deaths due to cirrhosis of the liver (very small numbers) H. HIV infection (very small #'s)	*1. 1992–1994* *2. 1992–1994* 3. 1993 4. 1993
Lamar County only	B. Number of arrests for drug possession B2. Substance abuse related arrests	1. 10/93 to 3/94 2. 1/1/95 to 9/11/95
Pearl River County only	*B. Drug arrests* G. Number of referrals and admissions to mental health centers for ATOD problems GI. Number of individuals on waiting lists. admissions to ATOP program services	1. 1992-l 995 2. Current (1995) 3. Current (1995)
3. Washington County, MS (P) Bolivar County, MS ©	C. Deaths due to motor vehicle accidents (alcohol not mentioned) C2 *DUI Arrests* *C3. Traffic Crashes Involving Alcohol (injuries)* *D. Cost and purity of illegal street drugs* E. Deaths due to Liier Cirrhosis H. HIV infection (very small number) K. # of alcohol permits	1. 1993 2. *1992–1994* *3. 1992-1994* *4. 1995* 5. 1993 6. 1993 7. Current (1995)
Washington County only	*B. Marijuana/Cocaine possession&ales arrests* *B2. Alcohol related crime arrests (DUI, liquor law, public drunk)* *E. HIV cases* *K. Total liquor sales*	*I. 1991–1994* *2. 1991–1994* *3. 1992–1995* *4. 1995*
Bolivar County only	B. Arrests for drug possession G. Number of individuals on waiting lists/admissions for ATOD program services G2. New Cases *for County Alcohol and Drug Abuse Program* *G3.* Number of calls to ATOD hotline	1. July, 1993–July 1994 2. 1993-1994 *3. 1993–1995* 4. 1994

Sites	Community Indicators Collected	Years
9. Dona Ana County, NM (P) Grant/Socorro, NM ©	C. Victims of alcohol-involved crashes C2. Alcohol related traffic deaths (total number, injury or death) C3. DWI convictions	1. 1993 2. 1985-1994 3. 1992, 1994
Dona Ana only	B. Narcotics Violations (Las Cruces) Bl. Arrests for drug sales/possession C. DWI arrests (youth and adults) D. Cost and purity of illegal street drugs E. Alcohol/drug related deaths G. ATOD treatment waiting list	1. 1990-1994 2. 1990–1991, 1994–1995 3. 1986-1994 4. 1995 5. Aggregate totals for 1987-l 989, 1990–1992, and 1992-1994 6. 1994
Grant/Socorro only	B. Percent of juvenile substance abuse offenses E. ATOD related deaths	1. 1992-1993 2. 1990-1992 (three-year aggregate)
IO. Maricopa County, AZ (P) Yuma County, AZ ©	C. Mortality from motor-vehicle-related injuries (rates) E. Drug-related mortality (rates) E2. Mortality from alcoholism (rates and whole number) *F. Women who smoked or used alcohol during pregnancy* H. Mortality from Lung cancer/cirrhosis H2. Deaths due to HIV infection	1. 1992, *1994* 2. 1992, 1994 3. 1992, *1994* *4. 1994* 5. 1992 6. 1992, 7994
Maricopa County only	G. Types of counseling services needed	1. 1991
Yuma County only	no unmatched data	
II. Middlesex County, CT (P) Tolland County, CT ©	B. Arrests for drug possession (for Vernon + Middletown) *B2. Liquor* law *violations* C. *DUI* arrests C2. *Single vehicle nighttime accidents, driver influenced by alcohol* E. Deaths due to cirrhosis of liver, alcohol dep. syndrome (low #'s) G. Clients served for substance abuse trt. at public + private clinic G2. AOD calls to CT. Infoline - (where to go for referrals, detox, info. + education, in/outpatient care, self-help etc.) *H. AIDS cases - # of individuals w/AIDS, # of IV drug users with AIDS* K. # of alcohol outlets	1. 1992-1994 2. *1992–1993* 3. *1992-1993* *4. 1994* 4. 1990-1992 5. 1994 6. 1993 *7. Cumulative as of 3/31* 1996 8. 1995
Middlesex County only	A. AOD related violence C. Single vehicle night-time accidents, driver influenced by alcohol D. Cost/purity of illegal street drugs	1. 1994 2. 1992-1993 3. 1994
Tolland County only	C. Single vehicle accidents w/ AOD involvement	1. 1993

Sites	Community Indicators Collected	Years
12. Berks County, PA (P) Lancaster County, PA ©	A. Domestic violence clients B. Drug abuse violations B2. Liquor law violations B3. Drunkenness C. Percent of fatally injured drivers + ped. tested for BAC>=.1 C2. DUI arrests D. Cost + purity of marijuana, cocaine + heroin E. # of alcoholics based on death due to liver cirrhosis G. # of clients admitted to drug + alcohol trt. programs G2. # of youth admitted to drug + alcohol trt. programs G3. # of drug + alcohol service providers H. Cumulative AIDS cases and AIDS deaths K, $ sales, $ sales per capita, Unit sales, Unit sales per capital (alcohol consumption) K2. # of liquor stores	1. FY 1990–1991 2. 1989-1993 3. 989-1993 4. 1989-1993 5. 1989 6. 1989-1993 7. 1994-1995 8. 1985-1991 9. 1988-1993 10. 1990–1993 11. 1991 12. 19811994 13. FY 1990-1991 14. FY 1990-1991
Berks County only	C. Number of fatally injured AOD drivers G2. Total number of females, elderly, blacks, Latinos admitted to AOD treatment I. Drug screening results at AT&T (largest employer)	1. 1991-1992 2. 1988-1991 3. March, 1995
Lancaster only	no unmatched data	
13. Macon County, IL (P) Rock Island County, IL ©	A. AOD related violence B. Arrests for drug possession (drug law and liquor law violations) *B2. Drug arrests (total, cannabis, controlled substance)* *B3. Cannabis/Coke seizures (in grams)* C. DUI arrests E. # of ATOD-related deaths F. Substance Exposed Newborns F2. *Reported and verified drug exposed births* G. AOD Admissions G2. Residential AOD admissions H. AIDS/HIV cases reported in IV drug users or through heterosexual contact with IV drug users	1. 1990-1993 2. 1990-1993 *3. 1975-1993* *4. 1989–1993* 5. 1990–1993 6. 1990-I 992 7. 1990-i 994 *8. 1985–1993* 9. 1991-1993 10. 1991-1993 11. thru 12/31/94
Macon County only	B1. Marijuana submissions to IL State Police labs B2. Juvenile drug/alcohol offenses (Decatur) C. Single vehicle nighttime accidents F. Infant mortality rate G. Admissions for substance abuse treatment H. Number of STDs in Macon County	1. 1989-1992 2. 1990–1994 3. 1999-1994 4. 1989-1994 5. 1988-1992 6. 1990-1994 (reported in January of each year)
Rock Island only	C. Driver fatalities with alcohol involvement	1. 1992
14. Springfield, MO (P) Des Moines, IA ©	*B. Liquor law violations* C1. Alcohol related injury crashes C2. Alcohol related fatal crashes C3. DUI arrests D. Price for 1 ounce of marijuana and ind. units of LSD E. Drug Deaths (county wide data - fairly low #'s) E1. Alcohol related deaths (small numbers)/ Alcohol/DWI related fatalities	*1. 1992–1995* 2. 1989-1990, *1995* 3. 1992-1993 4. 1992–*1995* 5. Current data 6. 1993 7. 1993
Springfield only	B. Drug abuse violations B1. Liquor law violations C3. Alcohol related crashes C3. DUI arrests G. ATOD related mental health admissions H. AIDS cases	1. 1989-1990 2. 1989-I 990 3. 1992-1993 4. 1989-I 990 5. 1993 6. Cases in 1993 and cumulative
Des Moines only	B. Liquor law violations *C1.* Alcohol related injury crashes C2. Alcohol related fatal crashes C3. Single vehicle nighttime accidents (in lit and unlit areas)	1. 1992--*1995* 2. 1992-1993, 1995 3. 1992-1994, *1995* 4. 1992-1994, *1995*

Sites	Community Indicators Collected	Years
5. Shreveport, LA (P) Alexandria, LA ©	B. Total # of drug arrests	1. 1991-1994
Shreveport only	B. Number of drug arrests	1. 1991-I 995 (Jan-June)
	B2. Drug -related or gang related homicides	2. 1991-1995 (Jan-June)
	83. *Adult/juvenile arrests for sale/manufacturing of cocaine, marijuana or other drug*	3. *1989–1991*
	84. Youth (<17) arrested for narcotics	*4. 1994*
	C. Single vehicle nighttime accidents	*5. 1991-1995 (Jan-June)*
	C2. Total DWI arrests (also broken down by male/female)	*6. 1991-1994*
	C3. Alcohol/Drug Related Accidents	*7. 1993–1994*
	D. Cost/purity of cocaine/marijuana	*8. 1994–1995*
	E. Homicide victims using drugs, alcohol or both before their death	*9. 1994*
	E2. Alcohol/Drug dependence syndrome by sex	*10. 1992–1993*
	G. Drug-treatment program cases (Pines Treatment Center)	11. 1991-1994
	G2. Primary drugs of abuse of S. T. E. P.S. admissions	*12. 1989-1993*
	H. Hetero HIV (IOU) cases	*13. 1993*
	H2. Incidence of total AIDS cases and number from IV drug users	*14. Cumulative, May 1995*
	I. City screenings (post accident, pm-employment, suspicion, EAP)	*15. 1991–1995*
Alexandria only	B. Total number of drug arrests (Rapides Parish Sheriffs Department)	1. 1991-1994
	B2. Arrests due to violations of laws pertaining to possession, production or transfer of drugs (juvenile and adult totals)	2. 1991-1993
6. Aurora, CO (P) Lakewood, CO ©	B1. Arrests for drug sales/possession	1. 1992-1994
	C1. DUI arrests (adults and juveniles)	2. 1991-1993
	E1. Alcohol related deaths, alcoholic psychosis, alcohol dependence, drug-related deaths, drug-abuse (separate totals for each variable)	3. 1990–1992
	E2. Deaths by liver cirrhosis (alcohol mentioned) • E1 + E2 are both countywide data, not city	4. 1990–1992
Aurora only	B2. Total drug abuse violations (for adults and youth)	1. 1991-1993
	B3. Adults arrested for marijuana possession	2. 1994
	B4. Community drug arrests	3. *1991, 1993*
	B5. Juveniles arrested for drugs	4. *1993–1994*
	E3. ATOD-related Emergency Room episodes (drug episodes/drug mentions)	5. 1990–1993
	E4. Substance abuse outpatients at Aurora Presbyterian Hospital	6. 1990, 1994
	K. Liquor outlets	7. *1995*
Lakewood only	B2 Liquor law violations	1. 1992-1994
	B3. Juvenile arrests (drug abuse violations/possession of drugs)	2. 1989-1993 3. 1991-1994
	C2. Single vehicle accidents	4. 1991-1994
	C3. Traffic fatalities/injuries - alcohol related	
17. Kalamazoo County, MI (P) Benien, MI ©	H. AIDS cases	1. as of 9/1/94
Kalamazoo County only	B. Drug related arrests	1. 1992-1993
	C. Drunk driving arrests	2. 1992-1993
Berrien County only	no unmatched data	

Sites	Community Indicators Collected	Years
18. Lake County, IL (P) Will County, IL ©	BI. Arrests for possession of Marijuana/(or arrests for possession/sales)	1. 1990-1993
	B2. Sales of liquor to minors or drunks	2. 1992-I 993
	B3. Arrests for drug paraphernalia	3. 1990-I 993
	B4. Drug arrests (total, *cannabis, controlled* substances)	*4. 1975–1994*
	B5. Cannabis/Cocaine seizures (in grams)	*5. 1989–1992*
	C. DUI (for both alcohol and drugs)	6. 1990-1993
	F. Reported and verified drug exposed births	*7. 1895–1993*
	G2. Admissions to DASA-funded treatment programs	*8. 1988–1992*
Lake County only	B1. Number of arrests for drug possession	1. 1988-1994
	B2. Drug seizures (marijuana/cocaine - in grams)	2. 1989-1992
	C. Single vehicle nighttime accidents	3. 1990-1992
	E1. ATOD related deaths - overdoses	4. 1989-1994
	E2. Alcohol-related deaths	5. 1990-I 992
	F. Incidence of ATOD-related birth outcomes	6. 1990–1994
	G1. Individuals on waiting list for and admissions to in/outpatient ATOD programs services (by type of admissions - alcohol, cocaine, marijuana, opiates, hallucinogens)	7. 1992-I 994 8. 1990-I 993
	H. Incidence of drug related sexually transmitted diseases	9. 1989-1995
	K. Density of alcohol outlets	
Will County only	no unmatched data	
19. Tri County, KY (P) Pulaski/Carter, KY ©	B1. Total drug law arrests (also broken down into type of drug)	1. 1993
	C1. Accidents involving Drinking Drivers - (# killed/ # injured)	2. 19911994
	C2. Accidents involving Drinking Drivers - total number	3. 1991-1994
	C3. *Drivers under the influence of drugs (# of accidents, killed, injured)*	*4. 1994*
	D. Cost of IIb. of marijuana, 1/4 gram of coke, ½ gram of crank	5. Current data 6. 19911993
	E. Deaths due to cirrhosis of the liver	7. 1982–3/1/95
	H. Cumulative AIDS cases in each county	
Tri County only	F. Incidence of ATOD-related birth outcomes	1. 1992 2. 1995
	G. Number and nature of calls to ATOD hotline	
Pulaski/Carter only	*B. Liquor law violations (arrests)*	*1. 1993*
	B2. Arrests for drunkenness	*2. 1993*
	G. Substance abuse clients (outpatient)	*3.* 1992-I 994
20. Huntington, WV(P) Ashland, KY ©	no matched data	
Huntington only	*C. # of alcohol related fatal accidents*	*1. 1993–1994*
Ashland only	*B. Narcotic drug law offenses*	*1. 1994–10/95*
	B2. Liquor law violations	*2. 1993–10/95*
	C. DUI arrests	*3. 1993–10/95*
	K. Liquor law licenses issued	4. 1995
	K1. Total alcohol sales tax revenue	5. 1993-1994
21. Arecibo, PR (P) Aguadilla, PR ©	B. Drug possession arrests	*1. 1992–1995*
	B1. Drug trafficking arrests	2. 1992-1995
	B2. Drug use arrests	3. 1992-I 994
	C1. Alcohol-related car accident deaths	4. 1990–1995
	D. Cost and purity of illegal street drugs	5. Current
	H. HIV incidence	6. 1980–February 1994–cumulative
	H2. *Number of AIDS* cases/deaths	7. 1991-1995
	K. Alcohol licences approved	8. 1992-1995
Arecibo only	no unmatched data	
Aguadilla only	no unmatched data	

Sites	Community Indicators Collected	Years
22. Los Angeles (East/West), CA (P) Hollywood, CA ©	no data collected	
23. Los Angeles (South Central), CA (P) Northeast LA, CA ©		
Los Angeles (South Central) only	*B. Adults/Juveniles arrested for drug-related felonies* C. *DUI arrests* *E. Drug induced & drug/alcohol related deaths* *F. Alcohol and drug use during pregnancy* *H. AIDS cases* *K. Retail licenses for bars/restaurants/liquor stores* • Data is represented in bar graphs. It is hard to determine actual number, also, much of this data is for the City of LA, or the County.	*1. 1989–1994* 2. *1991–1994* *3. 1989–1993* *4. 1992* *5. 1989–1995* *6. 1989–1995*
Northeast LA only	Much of the above data may include Northeast LA	
24. Los Angeles (SFV), CA (P) San Pedro, CA ©	no data collected	
Los Angeles, SFV only	*B. Narcotic drug law arrests (not broken down by sales/possession)* *B2. Liquor law assault arrests* *B3. Domestic violence calls* *C. DUI Arrests* C2. *Alcohol-Involved fatal and injury auto accidents* *E. AOD overdose emergency mom episodes* *E2. ATODA-related death cases* *F. Neonatal withdrawal* *F2. Drug exposed newborns* *H. Transmission of HIV/AIDS (only in percents)* *K. Ratio (and explanation) of off-premises liquor licenses to on-premises liquor licenses*	f. *1993–1994 (January to October)* *2. f 993–1994 (January to October)* 3. *f 993-f 994 (Jan–Oct)* 4. *1993* *5. 1992* 6. *1988–1992* *7. 1991–1993 (*Jan thru Nov 1993)* *8. 1990* *9. 1985–1992* *10. 1990* *f1. Date requested*
San Pedro	no data collected	

epresents data collected or matched through the second round of data collection

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APPENDIX B

Review of Community Indicators and Test of Data From National Sources

REVIEW OF COMMUNITY INDICATORS AND TEST OF DATA FROM NATIONAL SOURCES

B.l COMMUNITY INDICATORS IN THE CROSS-SITE EVALUATION

B.l.l The Customized Framework and Community Indicators

The customized conceptual framework was developed to guide the National Cross-Site Evaluation of the Community Partnership Program. The analysis of community indicators is integral to the customized framework guiding the present evaluation. This framework identifies those processes and conditions leading to the behavioral changes concerning illicit drugs and alcohol abuse. The basic components of this framework suggests a potential causal sequence: Partnership characteristics and capacities can lead to community actions and preventative activities. These produce an immediate process and activity outcomes which lead to tangible substance abuse outcomes. The framework continues to posit non-substance abuse outcomes, but ultimately behavioral changes are the final outcome.

The analysis of community indicators examines whether the activities of partnerships has led to tangible, measurable changes in substance abuse outcomes, relative to their comparison communities, in the context of this customized framework (CSAP, 1997). The research design used in this study dictates that two sets of sites are analyzed: program localities where partnerships have been funded and a matched set of localities where no such partnership has been functioning. For each of these partnership and comparison localities, community indicator data are collected; these data are considered as one of the key measures for determining changes in substance abuse behaviors over time.

There are three such measures that the evaluation team has assembled. These are unobtrusive but direct measures of drug usage and alcohol consumption in specific communities. The first of these is hospital discharge data. Using the International Classification of Diseases, Ninth Revision (ICD-9), the evaluation team has identified a set of codes which are likely to be attributable to substance abuse. Secondly, fatal accident data provide another clear indication of the extent of drug and alcohol abuse in specific localities. Last, the evaluation team used public safety records. Derived primarily from the Uniform Crime Reports (UCR), this includes data on the eight Part I

"index crimes" as well as data on driving while intoxicated (DUI), drug arrests, and public drunkenness.

A number of hypotheses have been developed to guide the analyses of community indicators presented in this chapter. Differences should be observed between the partnership and the comparison sites. Drug arrests should diminish in the partnership communities, while remaining steady or increasing in the comparison sites. Hospital records ought to indicate a leveling off or lessening of drug or alcohol abuse in partnership communities while displaying a increasingly severe problem in the comparison sites. Fatal accidents where drug or alcohol usage was present should diminish in partnership communities and remain higher in the comparison communities.

B.1.2 Community Indicators Used **in The Cross-site Evaluation**

Evaluation of community-based substance abuse prevention partnerships have collected specific types of local data to monitor substance abuse behaviors in numerous communities across the U.S. These include 1) public safety and arrest records, 2) incidents of accidents where drug or alcohol use was found, and 3) public health data that provide diagnoses of hospital admittances for alcohol and drug related illnesses. While the mode of data collection has differed among evaluation projects (the critical issue being whether these community indicators were collected largely from local sources in each locality or from national sources of data about specific localities), there is general agreement to collect data on these three critical topics (CSAP, 1992; Saxe et al., 1995, 1997).

Using community indicators is not without problems. Community indicators, whether they are collected from local or national sources, are hardly perfect measures of the impact of anti drug and alcohol abuse programs. Many community indicators are constructed from confidential files. This tends to produce under reporting. Many of these indicators are derived from local administrative records. Such records are collected for the purposes and objectives of these agencies. To use the administrative data of agencies as assessment measures involves using this information for an alternative (and possibly contrary) purpose from that for which it was collected. Also, the administrative data of agencies is all too frequently beset with errors which are difficult to identify and nearly impossible to correct. If the data collected are to the central or important task of the agency, the more likely it is that these data will be accurate; conversely, the more distant the data you want are from an important objective of the agency the more likely the information is to be inaccurate (Coulton and Hollister, 1997).

To deal with the possible difficulties in collecting and analyzing national sources of data on localities, this evaluation team benefited from three separate panels of experts. One of these expert panels (on hospital discharge data-ICD-9) met in July, 1996, the other two met in July (Uniform Crime Reports) and August (Fatal Accident Reports) of 1997. These three meetings were convened during the summer of 1997. These experts provided guidance to this evaluation team on how to handle and analyze these three specific sets of community outcome variables. The panel of experts convened to discuss ICD-9 data alerted the evaluation team to a set of diagnoses that would provide clear measures of alcohol and drug abuse. The panel convened to discuss crime data made the evaluation team sensitive to the need to disaggregate UCR data by age to more closely measure drug abuse. The expert panel convened to discuss fatal accident data highlighted the blood alcohol concentration data included as part of the FARS data as particularly valuable in measuring community level alcohol abuse. This evaluation team certainly understood that some problems exist when using these data; however, the panels of experts were confident #at useful findings would come from the collection and analysis of these data.

B.1.3 Local And National Sources of Community Indicator Data

There have been several evaluation efforts of the substance abuse partnerships and coalitions. These include the *Community Partnership Programs* and *Community Coalition Programs,* both of which were supported by. CSAP and the evaluation of the Fighting Back partnerships, funded by the Robert Wood Johnson Foundation. The research designs of these evaluation projects share some common features. In each, a quasi-experimental design was employed. Comparable data collection has been conducted on localities which had coalitions and the set of comparison sites. These projects used similar processes to determine which kinds of local indicator data to collect and analyze. The process of identifying a pertinent cohort of community indicators was similar between each team of evaluators. Reviews of the literature were conducted to identify potential variables that would be useful to compare partnership and comparison sites, as well as, importantly, to assess change over time within communities. Each evaluation team also consulted a few experts in evaluation and data collection work. Upon completion, the result was a very large and unwieldy list of potential variables to collect in dozens of sites. Each evaluation team convened a panel of experts to reduce the total number of community indicator variables to a manageable number. For each evaluation team there was a general consensus to collect and analyze arrest, accident, and medical diagnosis data relating to drug and alcohol use (CSAP, 1992; Saxe et al., 1995).

It does not matter whether or not community indicators are collected from national or local sources. What is important is that these data need to be reliable, comparable

across sites, uniformly measuring the same construct, and available. The choice for national sources of community indicator data has largely been dictated by the practical difficulties in achieving these conditions. Community indicators which can meet these criteria-and we believe that the three sources we have chosen meet these criteria-are used as the empirical basis to compare substance abuse behavior over time within localities, and to compare these behaviors between the program and comparison localities.

Different Sources of Local Data. Despite these similarities, it is important to note that there are two ways to collect community indicator data. The first of these is to use sources indigenous to the site(s) that are being studied. The alternative is to assemble data about localities from national sources of data. The COSMOS evaluation team effort initially took the first of these paths, whereas the ***Fighting Back*** evaluators used the latter method. As subtle as this appears, this choice was weighty.

National sources of data are collected and disseminated in a consistent fashion for all localities; local sources can be very rich and detailed but tend to be quite distinct from one another. National sources of data are inexpensive while local data collection costs are difficult to predict. Indeed, the costs of assembling local community indicators can be prohibitively costly. Locally collected data are much more likely to be sensitive to local issues; national sources of data are predicated on uniformity and, by definition, not as well suited to the idiosyncracies of localities. Lastly, nationally collected data are released on a regular schedule; local data, while frequently more detailed, are all too frequently riddled with gaps and there are significant variations in the data collection between localities (Gruenewald et al.).

Nonetheless, it is important to highlight the attractiveness of locally generating community indicators. Despite the central problem in using locally collected data to compare outcomes between sites, local data are frequently richer, indeed much richer, than the reliable yet perhaps stiflingly uniform data that come from national sources. As the Providence Plan project shows, as well as neighborhood based indicator projects in numerous American cities, local information is frequently extraordinarily detailed. Such data are also geographically targeted allowing analysts to examine differences within localities. Particularly since the advent of inexpensive and easy to use geographical information system (GIS) programs for the microcomputer, these data can be easily be organized into subareas (neighborhoods) within localities.

Locally generated data, arguably, are the best way to assemble relevant information about the communities with substance abuse partnerships. These partnerships worked in their specific communities. Local data might be idiosyncratic but it is all too frequently

very rich and detailed providing the analysis team with voluminous, but not uniform, data about that specific community. Local police data might provide a much better clue to the policy decisions regarding enforcement of illicit drug use or alcohol usage than the homogeneous Uniform Crime Reports. The stories in a local newspaper could show more about changes in drug usage than hospital admittance data. Indeed, local partnerships or coalition could engage in their original data collection that would be invaluable to researchers (Sawicki and Flynn, 1996; Rich, n.d., Passim; Coulton and Hollister, 1997).

Other Sources of Data on Localities. Several evaluation teams have chosen to collect data on their program and comparison communities from national sources. This is mandatory for a cross site study if only because of the logistical problems of putting together comparable data solely from local sources. However, there is no compelling reason to restrict the data collection to the three basic sets of variables which is the case in several of the evaluation studies-crime, accident, and hospital release data. There are many national level sources of data that should be tapped as data sources for programmatic evaluations.

As Garn and his colleagues alerted us, the behaviors we are studying are embedded in society. Drug and alcohol abuse come from many, complex factors. To the degree to which an evaluation team can collect reliable information on the factors which we believe might contribute or inhibit substance abuse behavior, these studies could be improved. However, even if we are successful in dramatically augmenting the number of community indicators, it is nonetheless likely that researchers will only have an incomplete array of those factors which contribute or inhibit illicit drug usage and alcohol abuse.

With this warning noted, most social scientists would agree that there are several factors that contribute to or affect substance abuse behavior. These include age, education, race, religion, ethnicity, social class, the economic vitality of the community, and the fiscal health of local government. This hardly exhausts a possible list of variables.

There are sources of data about localities and counties which while providing valuable information for analysis, nevertheless avoids many of the problems which beset the implementation of a research design premised upon the collection of data from local sources in the many sites under evaluation. The most important of these sources is the Bureau of the Census. The decennial census is not only an extraordinarily rich source of data, it is organized by small geographical area. From this source, in other words, researchers cannot only collect data on race, income, education, economic health,

ethnicity, age, family structure, and housing data, but they can do so for specific areas within counties or localities. Analysts can, in other words, craft very specific data for the specific target areas of partnerships. The primary disadvantage of the census is that it occurs only once every ten years. However, the Census does collect and disseminate valuable data between decennial censuses. These include the economic censuses which take place every five years (those years ending in 2 or 7) which provide detailed information on the character of local economic development and change, and the City ***and County Data Book,*** which provide information on the public finance, demographics, and economic activity in localities and counties. The Census also provides many other types of economic and social data between the decennial censuses. The Current Population Survey and the Annual Housing Survey provide additional information on the demographics and housing markets of counties and municipalities. The primary disadvantage of these between census data sets is that they do not generally permit analysts to assemble data for very small geographical areas (such as census tracts). Rather, these data are assembled for entire counties, cities, and sometimes, only by metropolitan areas.

These national sources of data about localities would significantly augment to data collected under the present research design. This would provide evaluators information for the localities they are studying on the basic factors that could contribute to substance abuse behavior-race, social class, the economic trajectory of the community. We should expect clear differences between communities even amongst the relatively small number of localities included in this study. Some localities would be primarily white, others largely minority; some would be experiencing clear economic growth, while others are experiencing only modest growth or severe decline. Some localities might have substantial public resources and have a much higher level of public safety spending than other municipalities which are fiscally poor. Religious differences might provide some interesting contrasts: it is quite likely that some localities are predominantly Protestant, others Catholic, and still other religiously multi-cultural. This is hardly an exhaustive list of key differences between localities that could play an important role in substance abuse behaviors.

With this array of variables, localities can be differentiated, for instance, by race (white, minority, mixed), economic health (growing, stable, declining), public spending (high, moderate, low), or the character of the employment market (growing, stable, declining). The analysis of either the crime, accident, or hospital data or the survey data of attitudes and behaviors would use these variables to see if they contributed to the substance abuse behaviors and attitudes found in the program and comparison sites, and how these social and economic factors contributed to the differences between program and comparison sites. We would still anticipate that the findings would be modest for the

reasons noted immediately above, but the analysis should be able to reveal the effects of those embedded social factors which no program can reasonably to anticipated to dramatically change.

The Cross-Site Evaluation: Experience With Local and National Sources of Community Indicators. COSMOS is the primary contractor for the final phase of the national evaluation of substance abuse partnerships. The early years of this evaluation were designed to be a process evaluation and were conducted by the Institute for Social Analysis (ISA). This early phase of the national evaluation did not include the actual collection of data for the evaluation. In fact, data collection was delayed by a lengthy planning process and Office of Management and Budget clearance. Data collection did not begin until the fall of 1993.

The present evaluation team initially adopted a design that called for community indicator outcome data to be collected both from surveys of both adults and youths as well as the collection of community indicator data from local sources in each of the 24 partnership communities and the 24 comparison communities (CSAP, 1997).

Following the plan initiated earlier, this evaluation team identified 14 promising community indicators that were to be collected during the site visits. Archived local data collected during these site visits produced an rich array of data on drug and alcohol arrests including DWI and drug possession, information on traffic accidents related to alcohol or drug use, costs of drugs, participation in rehabilitation programs, and many others. As these data were assembled it became clear that there several daunting problems with using these data. First, different variables were available in different localities. Second, it was unclear if variables which were ostensibly identical, were in fact measuring the same thing. Third, there were varying and not entirely overlapping time frames. And last, in many localities, the number of cases were very small (see Appendix E in CSAP, 1997).

All in all use of these data for analysis, particularly since they were intended to measure tangible differences between the partnership and comparison sites, proved to be very difficult. After conducting a lengthy data collection effort via site visits to the numerous partnership and comparison sites, the evaluation team decided to use archival community indicator data to assemble consistent measures of drug usage in all communities. This decision was made at the very last meeting of the technical advisory committee on April 27, 1997. At the same time, this advisory committee suggested that the evaluation shift from a process evaluation to one which examined outcomes.

Despite having only a few months to analyze these data, the team believes the advantages of having consistent, reliable data for some of the important dependent variables far outweighed the disadvantages. There were three main advantages of these nationally collected community indicators. First, these data were available for nearly all the locales involved in this evaluation. Second, these data are collected uniformly. Third, each of these data sets are updated each year, allowing for the assessment of outcomes (CSAP, 1997).

With these changes in the research design, COSMOS decided to collect three kinds of outcome data from national sources. These were the Uniform Crime Reports, the Fatal Accident Report System (FARS), and hospital discharge data (ICD-9). The bulk of this chapter provides a discussion of the analysis of these data.

B.2 PREVIOUS USES OF COMMUNITY INDICATORS

Since late in the nineteenth century, social scientists and government policy makers have collected and used data on America's communities and neighborhoods to formulate programs and evaluate their effectiveness (Robson, 1971; Smith, 1979). There are many kinds of data routinely collected by all levels of government, many of which are valuable for research and assessment. Local government agencies, for instance, maintain records of their various activities, such as recording vital statistics, marriage licenses, or building permits. The states and federal government are also important depositories of information on social conditions and the activities of citizens. The federal government is especially active in collecting and disseminating basic demographic and economic information covering all communities throughout the United States. Many agencies regularly collect and disseminate information about the nation, the state, as well as counties and cities. The range of information is sweeping. The Bureau of Labor Statistics provides data on employment, strike activity, and wages. The Federal Reserve Bank disseminates economic information and housing mortgage data. The Census Bureau is particularly important not only because it is the most visible and active generators of extensive and reliable data, but because it was the Census that initiated the process of collecting data for small geographical areas-census tracts, and later block groups and zip codes (Alterman, 1969).

Over the past ten years there have been several projects that have developed detailed community indicator data banks in the nation's largest cities. The Urban Institute is coordinating the National Neighborhood Indicators Project which has pilot projects in Atlanta, Boston, Chicago, Cleveland, Denver, Oakland, and Providence. These projects are collecting information from both local and national government agencies. These

include vital statistics, crime, public welfare, schools, the tax base, building code violations, public housing, and public expenditures. These city projects are also collecting inventories of private and non-profit resources in cities' communities (Sawicki and Flynn, 1996).

B.2.1 The Uses of Community Indicators in Evaluations

Evaluations of programs in communities require accurate and reliable data to do any reasonable assessment. There are many potential types of information that can be used to carry out such evaluation studies. These include original data collection including surveys, field research, archival research, or the use of community indicators. Evaluations frequently require comparable data over a number of years in many sites. Cost, efficiency, and reliability are crucial criteria in the selection of the kinds of data used in evaluation. Because of these considerations, community indicators have been widely used among analysts evaluating a range of governmental programs. Researchers have found that valuable information about localities (and subareas within municipalities) can be derived from both the administrative records as well as from archived files of public agencies. Importantly, because much of this data comes from the administrative records of public agencies, these data are continuously updated. Of course, other kinds of data frequently need to be collected by assessment projects-using, for instance, surveys or field observation-but community level data represent a constantly replenished reservoir of information for any research project examining individual communities and changes over time in those communities (Coulton and Hollister, 1997).

B.2.2 Community Indicators as Benchmarks

Community based indicators have many uses for policy and program evaluation. Data on alcohol and drug related arrests, accidents, and health conditions are collected for many years. As such, these indicators provide a baseline against which to monitor and evaluate progress towards the goals of the partnerships being studied (Gabriel, 1997). Such indicators not only monitor conditions in the coalition communities (and their matched sites for comparison), they provide a benchmark against which to empirically judge results (Sawicki and Flynn, 1996). Community indicators can have sweeping uses as shown by the Providence (Rhode Island) Plan. The Providence Plan used geographically organized data to achieve a set of policy goals as well as to facilitate program development and evaluate the progress they were achieving (Rich, n.d.). One especially important use of community indicators should be highlighted: these data are essential to be able to conduct comparisons between sites and (if locally generated data are used) between subareas of a community as well (Coulton and Hollister, 1997).

Community indicators are valuable for evaluation projects for many reasons, but two are especially important in evaluating substance abuse prevention programs. First, there is no direct way to reliably observe and chart the extent or the change of the use of illicit drugs or the abuse of alcohol. Rather, any evaluation will need to use already existing and reliable sources of data pertinent to the questions we need to address. Fortunately, the variety of data is routinely collected by national, state, and local agencies which can provide indirect measures of a community's collective behavior regarding alcohol and drug abuse. Second, localities vary significantly in terms of the prevalence and tolerance of alcohol and illicit drug use, as well as, of course, many sundry social behaviors. As Gruenewald and his associates point out, there is clear proof of a wide variability between communities regarding alcohol and drug usage. Their point is well taken: it is futile to attempt to draw generalizations concerning the level or change in alcohol and illicit drug use from national trends. What is true for the nation may or may not be the case in any one community. Rather, indicators which are tailored to specific communities are required to examine trends and changes in substance abuse behaviors in those communities (Gruenewald et al., 1997).

B.3 DATA SOURCES

Data used in the Cross-Site Evaluation were derived from three major archival sources: 1) Hospital Discharge Records; 2) Fatal Accident Reporting System (FARS); and 3) Uniform Crime Reporting (UCR). Hospital discharge data were used to estimate the incidence rate of substance abuse-related hospitalizations. The FARS data were used to measure the rate of substance abuse-related fatal traffics accidents. The UCR data were used to calculate the substance abuse-related crime rates. In each case, the rates were calculated per 100,000 population in the partnership and comparison sites. The description and limitations of the data, and definitions of the indicators are provided below.

B.3.1 Hospital Discharge Data

Hospital discharge data are commonly used to determine medical reimbursement levels for different diagnoses including substance abuse-related diagnoses among a specific population (Fox et al., 1995). Hospitalizations frequently occur with substance use, abuse or complications from use (Join Together, 1995). Because the level of harm is associated with the levels and patterns of substance use in a given community, the episodes of hospitalization associated with substance abuse are an indirect indicator of substance abuse in the community (CSAP, 1997).

Most states maintain hospital data-reporting system on medical discharges, but they vary by amount of data collected and how readily the data may be accessed. Thirty-six states have mandated the collection, analysis, and dissemination of data on the use, cost, and effectiveness of health care in their state (National Association of Health Data Organizations, 1997). Although these states have a uniform codes relating to medical diagnoses, diagnoses are often referred to by a variety of labels. Depending on the state, the diagnosis codes may be referred to as hospital-inpatient, hospital-discharge or hospital-level data; patient-hospital data; or case-mix data sets.

Included among the hospital discharge data are standard diagnosis codes known as the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes for each admitted patient. Among the hundreds of ICD-g-codes, the evaluation team has determined a specified number of codes that are likely to be attributable to recent substance use and abuse. They include immediate, intermediate, and long-term consequences associated with alcohol-related hospital admissions, pregnancy-related admissions, drug-related hospital admissions, and injury-related situations.

In the present analysis, the hospital discharge data containing ICD-9-CM codes were used to measure the incidence rates for component and composite indicators at the partnership and comparison community level. There were two sets of component indicators, each set grouped under a composite indicator. As shown in Exhibit B-l, the first set which included five component indicators representing substance-abuse-related hospitalizations formed the "substance abuse" composite indicator while the second set which contained nine component indicators capturing diagnoses related to substance abuse made up the composite indicator "other health-related outcome. "

Guided by a panel of experts, the evaluation team specified a set of criteria for selecting ICD-9-CM codes for constructing these component indicators. The criteria included mention of substance abuse in the description of diagnosis; the evaluation team's knowledge of an association between the diagnosis and substance abuse; a relationship between substance abuse and various diagnosis cited in the literature; and recommendations made by members of the Medical Data Review Panel. The final list of selected ICD-9-CM codes was reviewed by the Medical Data Review Panel (CSAP, 1997). Exhibit B-l shows the relationship between the component indicators and ICD-9-CM codes, and the number of ICD-9-CM codes included in building each component indicator.

Exhibit B-l

COMPOSITE AND COMPONENT VARIABLES CONSTRUCTED FROM HOSPITAL DISCHARGE DATA

Composite Indicator	Component indicator	Code Series	Number of Codes
I. Substance Abuse	1. Nondependent use of drugs and alcohol	305,989	46
	2. Substance abuse during pregnancy	648, 655, 779	15
	3. Alcohol and drug overdose	291, 303, 790, 950, 962, 968, 969, 977, 980	14
	4. Alcohol and drug dependence	303, 304, 305, E850	45
	5. Accidental poisoning	E850, E854, E860	19
II. Other Health-Related Outcomes	1. Alcohol and drug-related illness	571 ,573, 577, 783, 011,042, 291, 292, 795, V01, V08	30
	2. Suicide and self-inflicted injury	E95--E959	50
	3. Homicide and injury purposely inflicted by other persons	E960-E969	31
	4. Legal intervention	E970-E976	7
	5. Injury, undetermined whether accidently or puposely inflicted	E980-E988	46
	6. Supplemental situational codes related to substance abuse	v71	7
	7. Venereal diseases	054, 077-079, 090-099, 131	177
	8. Psychiatric conitions	296, 301, 312	85
	9. Pelvic inflammatory diseases and genital area diseases	614,616, 771	

The evaluation team constructed the component indicators by combining substance-abuse-related diagnoses and supplemental codes into indices according to common causes or circumstances. All the diagnoses in each patient record was evaluated against the predefined set of ICD-9-CM codes to determine whether the record represented a substance-abuse-related hospitalization incident. For instance, if a patient's diagnosis contained an ICD-9-CM code representing "nondependent use of drugs and alcohol," the record was assigned a "1" for the component variable "nondependent use of drugs and alcohol." If the record contained two or more relevant diagnoses, it was assigned a value that reflected the severity or complexity of the diagnoses. If none of the relevant ICD-9-CM codes were found, a "0" was assigned to the record for that variable. A similar principle was followed in the construction of the remaining component indicators.

The composite indicator was constructed based on the value of the component indicators. For instance, if any one of the five component variables in the first set contained a value equal to or greater than 1, the composite variable "substance abuse" was assigned "1," meaning that the patient had a substance-abuse-related hospitalization episode. If none of the five component variables had a value equal to or greater than 1, a "0" was assigned to the record for the composite indicator, which means that this case is of no interest to the study and was excluded in calculating the incidence of hospitalization related to substance abuse. Similarly, the composite indicator "diagnoses related to substance abuse" was assigned a "1" if any one of the nine component variables in the second set had a value equal to or greater than 1; this composite indicator was assigned a "0" if none of its nine component indicators had a value equal to or greater than 1.

The incidence variables were measured at the partnership and community level using aggregates of the component and composite indicators as the numerator and the 1990 census data as the denominator; the rates are expressed per 100,000 population.

Of 24 partnership-comparison community pairs, only six pairs could be matched based on zip codes available in hospital discharge data. The incidence rates were calculated for six pairs, for 1992 and 1994 as well. For the remaining 18 pairs, the rates could not be calculated since either data were not available or the boundary of the community could not be determined in terms zip codes.

B.3.2 **Fatal Accident Reporting System (FARS)**

The FARS data set is operated by the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation (NHTSA). FARS gathers detailed information on every traffic crash occurring in the United States in which at least one person dies within 30 days of the crash (NHTSA, 1994). NHTSA has a cooperative

agreement with an agency in each state's government to provide information on all qualifying crashes in the state. FARS data were obtained from the state's existing documents including police accident reports; state vehicle registration files; state driver licensing files; vital statistics and death certificates; coroner and medical examiner reports; emergency medical service reports; and hospital medical reports. Updates are sent to NHTSA's central computer daily and are checked for acceptable range and consistency, enabling immediate detection and correction of errors (NHTSA, 1994).

The FARS data set includes more than 100 data elements. However, the evaluation team was interested only in those data elements that relate to substance abuse situations. Data contained in the FARS data set relate to four levels:

- Accident-level variables such as time and location of the crash, the first harmful event, whether it was a hit-and-run crash, whether a school bus was involved; and the number of vehicles and people involved;

- Vehicle-level information on variables such as vehicle type. Initial and principal impact points, most harmful event, number of deaths in the vehicle, and travel speed;

- Driver-level information on license status, previous accidents, drinking, violations charged and other factors related to crash, and ZIP code; and

- Person-level information including age, gender, role in the crash (i.e., whether the person is a driver, a passenger, or a non-motorist), injury severity, and results on substance use test.

From the data, the evaluation team constructed eight indicators-five component indicators, two composite indicators, and one general (neither component nor composite) indicator. They are described below and also shown in Exhibit B-2.

Of the five component indicators, three were measured at driver-level: driver-alcohol-use-involved fatal crashes; driver-illicitdrug-use-involved fatal crashes; and driver charged with alcohol or drug-related violations in crashes. The remaining two

Exhibit B-2

PRELIMINARY LIST OF COMPOSITE INDICATORS, COMPONENT INDICATORS, AND FARS VARIABLES USED TO CONSTRUCT THE INDICATORS

Composite Indicator	Component Indicator	FARS Variables			FARS
		Variable Name	Variable Description	Variable Value	Subtile
1. Driver **Involved** in substance abuse-related crash	1. Driver involved in alcohol-related fatal crash	alc_res	Alcohol test results (Actual Value of BAC test)	1 0//94	Person-level
		dr_drink	Driver Drinking	1 = driver drinking	Vehicle-level
		drinking	Alcohol Involvement	1 = alcohol involved	Person-level
		per-typ	Person Type	1 = driver	Driver-level
	2. Driver involved in drug-related fatal crash	drug_det	Drug Determination		Person-level
		drugresl	Drug Test Results	2, 10, 98 (92); 100-996, 998 (93-96) = drugs found	Person-level
		drugres2	Drug Test Results	2, 10, 98 (92); 100-996, 998 (93-96) = drugs found	Person-level
		drugres3	Drug Test Results	2, 10, 98 (92); IOO-996,998 (93-96) = drugs found	Person-level
		drugs	Drug Involvement	1 = drugs involved	Person-level
		dr_cf1	Related factors	4,5 = drugs related	Driver-level
		dr_cf2	Related factors	4,5 = drugs related	Driver-level
		dr_cf3	Related factors	4,5 = drugs related	Driver-level
	3. Violation charged (substance abuse-related)	viol_chg	Violations charged	1,3 - alcohol and drugs	Vehicle-level
		per-typ	Person type	1 = driver	Driver-level
II. Fatal crash related to substance abuse	1. Alcohol involved fatal crash	drunk_dr	Number of drunk drivers involved in crash		Accident-level
	2. Single-vehicle nighttime crash	hour	Time of crash (military time) 00-24		
		ve_forms	Number of vehicles involved		Accident-level
I II. Traffic fatality related to substance abuse	1. Fatality related to substance abuse	fatals	Number of people died		Accident-level

were measured at the accident level: alcohol-involved fatal crashes; and single-vehicle nighttime crashes involving only one vehicle occurred between 6:00 pm and 6:00 am.

Two composite indicators were constructed: substance abuse-involved fatal crashes measured at driver level; and substance-involved fatal crashes at the accident level. The driver-level substance abuse-related fatal crash composite indicator was based on three driver-level component indicators as described in the preceding paragraph. A driver-level observation was assigned a "1" (driver was involved in fatal crash because of substance abuse) if data indicated at least one of the following three conditions: driver's involvement in the crash was due to alcohol use; driver's involvement was related to drug use; and driver was charged with alcohol or drug-related violations. If none of the three conditions were met, the observation was coded as "0" (driver did not get involved in fatal crash because of substance abuse). The accident-level substance abuse composite indicator was based on two accident-level component indicators. An accident-level observation was coded as " 1" (the fatal crash was related to driver's use of alcohol) if the accident was related to driver's use of alcohol or the accident was a characterized as a single-vehicle nighttime crash. The observation was coded as "0" (the fatal crash was not related to driver's use of alcohol) if none of these factors were responsible for the accident. The rationale for using the single-vehicle nighttime crash (SNCC) as a component indicator in the construction of "substance abuse-related fatal crash" was because of a high degree of correlation between SNCC and driver's use of alcohol.

The last indicator which was neither a component nor a composite variable was substance abuse-related fatalities. The indicator captures the number of deaths occurred in crashes that were related to substance abuse.

For each of the eight indicators, the rates were calculated per 100,000 population. In rate calculations, the numerator contains the count of the relevant variable for a given community, and the denominator includes the number of individuals (obtained from the 1990 Census) in that community. Out of 24 partnership-comparison community pairs, the FARS indicators were calculated for a maximum of 18 pairs. Rates could not be calculated for the remaining six pairs since data were not available or the sites could not be matched based on zip codes.

Although the FARS data have potentials in the analysis of the impact of preventive interventions on alcohol and drug-related fatal crashes, they pose problems when analyzed at the small area level. Low frequency or zero occurrence of fatal crashes, and missing data for substance abuse-related variables and for driver identification variables.

B.3.3 Uniform Crime Reporting (UCR)

The Federal Bureau of Investigation (FBI) administers the UC Program and collects crime data on a monthly basis for the Nation, and in many instances, for smaller subdivisions of the country. Many states have their own system of collecting crime information from the law enforcement agencies within their own boundaries. They pass these statistics to the FBI. After assembling and publishing the data, the FBI distributes the data to contributing agencies, state UCR Programs, and others interested in the Nations's crime problems (Uniform Crime Reporting Handbook, 1984). The UCR data contain two types:

- Offense data, measured by the number of offenses known to the police, which include eight Part I "index crimes": murder (homicide and nonnegligent manslaughter), forcible rape, robbery, aggravated assault, burglary, larcener, auto theft, and arson; and

- Arrest data, measured by the number of people arrested for each of the 21 Part II offenses.

Of eight Part I offenses, seven were used in the present chapter: 1) murder and nonnegligible manslaughter; 2) forcible rape; 3) robbery; 4) aggravated assault; 5) burglary; 6) larceny theft; and 7) motor vehicle theft (see Uniform Crime Reporting Handbook, 1984 for definitions). Among 21 Part II offenses, four which are directly related to substance abuse were used. They are defined as follows:

- ***Drug Abuse Violations.*** All arrests for violations of state and local laws, specifically those relating to the unlawful possession , sale, use, growing, manufacturing, and making of narcotic drugs were included in this category;

- ***Driving under the Influence.*** This variable refers to offenses due to driving or operating of any vehicle or common carrier while drunk or under the influence of liquor or narcotics;

- ***Liquors Law Violations.*** Offenses in this category, with exception of drunkenness and driving under influence, include manufacture, sale, transporting,

furnishing, possessing and intoxicating liquor; maintaining unlawful drinking places; bootlegging; operating still; furnishing liquor to a minor or intemperate person, using a vehicle for illegal transportation of liquor; drinking on train or public conveyance; and

- ***Drunkenness.*** This variable includes all offenses of drunkenness or intoxication, with the exception of "driving under influence. "

The UCR data sets differ on what they measure and on their unit of measurement. Data on seven Part I offenses included in this chapter were derived from the Return-A data set and the "offense" is the unit of measurement. Those on Part II offenses were obtained from ASR (age, sex, and race) data set which contains the monthly tallies of all arrests according to age, sex, and race; the "arrest" is the unit of measurement.

Data on Part I offenses were available for maximum of 11 partnership-comparison pairs and those on Part II crimes for a maximum of 16 partnership-comparison pairs. Data were not available for the remaining pairs. Rates were calculated for seven Part I offenses and four Part II crimes per 100,000 population for 1992 and 1996. In each case, the denominator (population) data came from the 1990 Census.

Although UCR data come from a longitudinal data collection system spanning more than 65 years and containing monthly tallies of offenses and arrests for a wide geographic coverage, the data are incomplete and structurally biased. According to Hindelang (1974), "recognition of the problems involved in using the UC is one of the few areas of general agreement in the field of criminal justice."

B.4 METHODS AND ANALYSES

For bivariate analysis, the evaluation team calculated the relative difference in the rates (percent change between two time points). The relative difference was calculated for partnership and comparison communities separately, followed by calculation of the absolute difference between the relative difference in the rate for the partnership site and the relative difference in the rate for the comparison site.

Mixed-model regression equations were fitted to the data, to compare the rates between the partnership site and the comparison site by controlling for the effects of age

and gender. Although the *relative difference* is a useful measure to compare changes in the rate between two sites, the measure has limitations in some specific situations. One such situation is where one of the matched sites (partnership or comparison) had a much higher rate than the other. For instance, as can be seen from Panel 1, Exhibit B-6, Partnership Site 137 had fatality rates which were 10.30 and 17.66 per 100,000 in 1992 and 1996; respectively, its matched Comparison Site 237 had rates of 2.39 and 7.16 per 100,000 for the two time points. Although the *absolute difference* in the rate between the two time points was higher for Partnership Site 137 (17.66-10.30 = 7.36) than for Comparison Site 237 (7.16-2.39 = 4.77), the *relative difference* in the rate between two time points was lower for the partnership site (71%), than for the comparison site (200%). In this type of situation, caution must be exercised to interpret the results of the *relative difference*.

In presenting bivariate results, the evaluation team first focused on changes in the "overall" or "average" rates for the partnership site and comparison site and then on changes in the rates specific to pair.

B.4.1 **Rates for Substance Abuse Component and Composite Indicators**

Exhibit B-3 shows the rates for component and composite indicators for substance abuse-related hospitalization for a maximum of six pairs of partnership-comparison communities. These results were compared between 1992 and 1994.

Of the five indicators under the substance abuse composite indicator, there were four indicators for which the hospitalization incidence rate increased over time in both partnership and comparison communities. As can be seen from Exhibit B-3, the increase in the average hospitalization incidence rate was more in the partnership community than in the comparison community: 44 percent versus. 3 1 percent for nondependent use of drugs and alcohol (Panel 1); 30 percent versus 14 percent for alcohol and drug overdose (Panel 3); 77 percent vs. 26 percent for alcohol and drug dependence (Panel 4); and 72 percent versus 49 percent for chemical poisoning (Panel 5). However, the incidence of hospitalization due to substance abuse during pregnancy decreased slightly in the partnership area (-13 %) and the comparison area (-0.6 %) as well (Panel 2, Exhibit B-3). The average rate for the composite measure of substance abuse-related hospitalization incidences increased substantially, but more in the partnership site (50%) than in the comparison site (25%) (Panel 6, Exhibit B-3).

Results of eight component indicators and their associated composite indicator (health behavior related to substance abuse) are presented in Exhibit B-4. For most of the indicators in this group, the average rates were on the rise in both partnership and comparison sites. For four component indicators-suicide and self-inflicted injury (Panel

Exhibit B-3

SUBSTANCE ABUSE DIAGNOSES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1994

Panel 1: Nondependent Use of **Drugs and** Alcohol (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	133.34	197.76	112.13	165.81	48.31	47.87	0.44
107/207	215.31	232.93	276.97	312.55	8.18	12.85	-4.66
108/208	365.02	487.00	176.88	321.42	33.42	81.71	-48.30
1111211	322.36	472.29	543.96	787.47	46.51	44.77	1.74
115/215	38.03	2.20	309.18	7.38	-94.22	-97.61	3.39
120/220	1.34	160.24	4.34	216.31	11858.21	6267.97	5590.24
Overall Mean	179.23	258.74	237.24	311.83	44.36	31.44	12.92
Std. Deviation[3]	148.32	188.47	186.74	261.38	4837.94	2552.32	2286.16

Panel 2: Substance Abuse **During** Pregnancy (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Pal-t.	Comp.	Pan.-Comp.
106/206	7.52	2.76	8.35	9.54	-63.33	14.29	-77.62
107/207	24.23	11.56	3.95	2.86	-52.27	-21.78	-24.49
108/208	3.70	12.01	5.05	4.04	225.00	-20.00	245.00
111/211	4.05	6.30	11.86	9.49	55.56	-20.00	75.56
115/215	—[4]	—	—	—	—	—	—
1201220	0.90	2.24	1.24	4.34	150.00	250.00	-100.00
Overall Mean	8.08	6.98	6.09	6.05	-13.66	-0.62	-13.04
Std. Deviation[3]	9.33	4.67	4.11	3.21	125.61	118.90	141.03

Panel 3: Alcohol and Drug Overdose (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Pan.-Comp.
106/206	15.54	23.56	34.59	33.40	51.61	-3.45	55.06
107/207	36.34	25.33	47.44	36.02	-30.30	-24.07	-6.23
108/208	23.10	36.04	47.51	43.46	56.M)	-8.51	64.51
1111211	60.33	74.14	92.50	109.11	23.88	17.95	5.93
115/215	—	—	—	—	—	—	—
120/220	6.27	25.07	11.15	42.76	300.00	283.33	16.67
Overall Mean	28.32	36.95	46.64	52.95	30.48	13.53	16.95
Std. Deviation[3]	21.01	21.70	29.62	31.69	127.57	129.61	31.02

Panel 4: Alcohol and **Drug Dependence (Component** Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	145.12	416.81	252.90	348.33	187.22	37.74	149.48
107/207	171.81	249.45	244.24	338.46	45.19	38.58	6.61
108/208	535.98	733.74	521.55	454.84	36.90	-12.79	49.69
111/211	242.22	429.07	411.13	815.14	77.14	98.27	-21.13
115/215	48.51	1.69	287.04	5.83	-96.52	-97.97	1.45
1201220	20.59	228.73	92.33	309.83	1010.87	235.57	775.30
Overall Mean	194.04	343.25	301.53	318.14	76.90	25.61	51.29
Std. Deviation[3]	186.22	246.51	148.35	261.76	402.65	112.15	307.36

(Continued on next page)

Exhibit B-3 (Continued)

Panel 5: Chemical **Poisoning** (Component Indicator)

	Partnership		Comparison		Relative Difference[1] (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	6.21	1.11	2.39	7.16	24.00	200.00	-176.00
107/207	8.81	9.36	10.10	20.21	6.25	100.00	-93.15
108/208	8.32	12.01	7.08	4.04	44.44	-42.86	87.30
1111211	2.70	15.76	23.72	33.21	483.33	40.00	443.33
115/215	—	—	—	—	—	—	—
120/220	—	—	—	—	—	—	—
Overall Mean	6.52	11.23	10.82	16.15	72.07	49.28	22.19
Std. Deviation'	2.78	3.49	9.17	13.35	229.75	102.25	275.02

Panel 6: Substance Abuse (Composite Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	278.21	574.22	382.92	517.72	106.40	35.20	71.19
107/207	389.88	445.49	503.41	610.60	14.27	21.29	-7.03
1081208	756.84	943.51	586.24	642.85	24.66	9.66	15.01
111/211	538.47	794.20	926.62	1416.02	47.49	52.82	-5.32
115/215	90.09	2.87	490.57	8.93	-96.81	-98.18	1.37
120/220	29.09	361.67	107.82	550.26	1143.08	410.34	732.73
Overall Mean	347.10	520.33	499.60	624.40	49.91	24.98	24.93
Std. Deviation'	275.05	333.32	267.23	452.30	463.57	174.14	294.44

'Relative difference indicates the difference in prevalence rates between 1992 and 1994, calculated as

Part. = (Partnership,,, - Partnership,,, / $\text{Partnership}_{1992}$) *100, Comp. = ($\text{Comparison}_{1994}$ - Comparison,,,, / Comparison,,,,) *100, and Part. -Comp. = (Part.-Comp.)

[2] Partnership/Comparison site represents paired sites under study.

[3] Std. Deviation = Standard Deviation.

[4] "—" represents no data.

Exhibit B-4

HEALTH BEHAVIOR RELATED TO SUBSTANCE ABUSE OUTCOMES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1994

Panel 1: Alcohol and Drug-related Illness (Component Indicator)

	Partnership		Comparison		Relative Difference (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	286.98	342.12	365.03	459.27	19.21	25.82	-6.60
107/207	340.32	341.42	310.79	358.01	0.32	15.19	-14.87
108/208	385.35	486.08	358.76	381.06	26.14	8.65	17.49
111/211	308.25	422.31	616.69	874.44	38.35	41.79	-3.45
115/215	119.84	2.20	241.99	12.82	-98.17	-94.70	-3.46
120/220	76.54	207.72	95.43	316.03	170.76	231.17	-60.41
Overall Mean	252.38	300.23	330.11	400.27	18.96	21.25	-2.30
Std. Deviation[3]	124.81	173.42	171.46	278.46	86.29	106.27	26.06

Panel 2: Suicide and Self-Inflicted Injury (Component Indicator)

	Partnership		Comparison		Relative Difference[1] (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	32.83	56.14	57.26	68.00	70.99	18.75	52.24
107/207	89.76	79.30	114.87	97.30	-11.66	-15.30	3.64
108/208	46.21	140.46	50.54	45.48	204.00	10.00	214.00
111/211	75.64	126.51	178.68	237.98	67.26	33.19	34.08
115/215	—[4]	—	—	—	—	—	
120/220	—	—	—	—	—	—	
Overall Mean	61.11	100.60	100.34	112.19	64.63	11.81	52.82
Std. Deviation[3]	26.16	39.54	59.68	86.50	89.43	23.16	94.17

Panel 3: Homicide and Injury Purposely Inflicted by Other Persons (Component Indicator)

	Partnership		Comparison		Relative Difference[1] (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	5.26	11.28	13.12	13.12	114.29	0.00	114.29
107/207	4.41	13.77	23.72	20.87	212.50	-12.04	224.54
108/208	10.17	40.66	21.29	38.41	300.00	40.74	259.26
111/211	41.87	54.03	73.53	94.09	29.03	27.96	1.08
115/215	—	—	—	—	—	—	—
120/220	—	—	—	—	—	—	—
Overall Mean	15.43	29.93	34.42	41.62	94.04	20.93	73.11
Std. Deviation[3]	17.81	20.86	26.76	36.54	117.67	24.38	116.83

Panel 4: Injury, Undetermined Whether Accidently or Purposely Inflicted (Component Indicator)

	Partnership		Comparison		Relative Difference[1] (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	5.76	5.26	10.74	7.16	-8.70	-33.33	24.64
107/207	7.16	2.75	5.71	4.61	-61.54	-19.23	-42.31
108/208	1.85	5.54	14.15	18.19	200.00	28.57	171.43
111/211	8.10	11.26	27.67	25.30	38.89	-8.57	47.46
115/215	—	—	—	—	—	—	—
120/220	—	—	—	—	—	—	—
Overall Mean	5.72	6.20	14.57	13.82	8.49	-5.16	13.64
Std. Deviation[3]	2.75	3.59	9.40	9.66	112.94	26.49	89.28

(Continued on next page)

Exhibit B-4 (Continued)

Panel 5: Supplemental Situational Codes Related to Substance Abuse (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site'	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	1.50	0.75	8.35	2.39	-50.00	-71.43	21.43
107/207	18.72	11.01	4.39	1.98	41.18	-55.00	13.82
108/208	0.92	5.54	1.01	1.01	500.00	0.00	500.00
111/211	30.17	58.53	59.30	80.64	94.03	36.00	58.03
115/215	—	—	—	—	—	—	—
120/220	0.90	0.90	3.10	1.24	0.00	-60.00	60.00
Overall Mean	10.44	15.35	15.23	17.45	46.97	14.58	32.38
Std. Deviation'	13.41	24.50	24.78	35.33	230.47	46.09	207.52

Panel 6: Venereal Diseases (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site*	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	88.48	107.52	89.47	73.96	21.53	-17.33	38.86
107/207	120.60	125.00	124.54	137.27	3.65	10.23	-6.58
108/208	68.38	103.50	134.43	148.58	51.35	10.53	40.83
111/211	93.65	117.96	131.25	147.06	25.96	12.05	13.91
115/215	37.19	0.17	55.16	0.78	-99.55	-98.59	-0.95
120/220	14.32	51.47	27.88	105.96	259.38	280.00	-20.63
Overall Mean	70.44	84.27	93.79	102.27	19.64	9.04	10.60
Std. Deviation'	39.09	48.69	44.40	57.43	117.90	128.31	25.01

Panel 7: Psychiatric conditions (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
106/206	85.72	114.04	156.27	189.67	33.04	21.37	11.67
107/207	203.20	259.37	300.91	332.53	27.64	10.51	17.13
108/208	468.52	601.59	544.80	541.77	28.40	0.56	28.96
111/211	340.82	340.82	470.43	579.53	0.00	23.19	-23.19
Il.51215	53.92	2.37	262.96	7.38	-95.61	-97.19	1.58
1201220	137.86	219.33	212.54	237.33	59.09	11.66	47.43
Overall Mean	215.01	256.25	324.65	314.70	19.18	-3.06	22.25
Std. Deviation[3]	160.53	206.14	151.66	218.21	54.47	45.89	24.06

Panel 8: Pelvic Inflammatory Diseases and Genital Area Diis (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Pan.-Comp.
106/206	202.77	212.29	258.86	348.33	4.70	34.56	-29.87
1071207	243.40	207.60	322.65	267.52	-14.71	-17.09	2.38
108/208	204.23	211.62	289.08	214.28	3.62	-25.87	29.49
111/211	294.00	317.41	366.06	362.90	7.96	-0.86	8.83
115/215	115.11	1.18	173.24	3.50	-98.97	-97.98	-0.99
120/220	28.65	169.64	37.80	125.17	492.19	231.15	261.04
Overall Mean	181.36	186.63	241.28	220.28	2.90	-8.70	11.61
Std. Deviation[3]	95.11	103.45	119.01	137.87	212.78	111.92	107.48

(Continued on next page)

Exhibit B-4 (Continued)

Panel 9: Health Behavior Related to Substance Abuse (Composite Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Pan.	Comp.	Part.-Comp.
106/206	621.09	738.64	839.80	1027.09	18.93	22.30	-3.37
107/207	877.22	906.41	1050.54	1046.80	3.33	-0.36	3.68
108/208	1087.67	1366.75	1312.98	1275.58	25.66	-2.85	28.51
1111211	1071.99	1257.94	1715.67	2049.32	17.35	19.45	-2.10
115/215	309.16	5.24	680.51	22.14	-98.31	-96.75	-1.56
1201220	257.82	635.15	376.76	800.60	146.35	112.50	33.85
Overall Mean	704.16	818.35	996.04	1036.92	16.22	4.10	12.11
Std. Deviation[3]	367.28	490.47	475.14	658.44	77.81	66.95	16.79

'Relative difference indicates the difference in prevalence rates between 1992 and 1994, calculated as

Part. = $(Partnership_{1994} - Partnership_{1992} / Partnership,\& * 100$, Comp. = $(Comparison_{1994} - Comparison_{1992} / Comparison_{1992}) * 100$, and Part. -Comp. = (Part.-Comp.).

*Partnership/Comparison site represents paired sites under study.

[3] Std.Deviation = Standard Deviation.

[4] "—" represents no data.

2); homicide and injury purposely inflicted by other persons (Panel 3); supplemental situational codes related to substance abuse (Panel 5); and venereal diseases (Panel 6)—relative increases in the average rate were greater in the partnership site than in the comparison site. For another three component indicators- injury, undetermined whether accidently or purposely inflicted (Panel 4); psychiatric conditions (Panel 7); and pelvic inflammatory diseases and genital area diseases (Panel 8)—there were only small increases in the average rate for the partnership site, but slight decreases in the rate for the comparison site (Exhibit B-4). For the remaining component indicator (alcohol and drug-related illness), the partnership and comparison sites had a near-tie with respect to an increase in the average rate (Panel 1, Exhibit B-4).

The average rate for the health behavior-related composite indicator increased for both partnership and comparison sites; it increased slightly more for the partnership site than for the comparison site (Panel 9, Exhibit B-4).

B.4.2 **Driver-level and Accident-level Indicators from Fars Data**

The evaluation team first highlights the results *(overall mean)* of driver-level indicators from four panels of Exhibit B-5:

- There were only negligible differences in the average rate for driver-alcohol-use-involved crashes between the partnership site and the comparison site in 1992 and 1996. Although the average rate for driver-alcohol-use-involved crashes slightly increased in the partnership site (7%) and in the comparison site (6%) over time, the magnitude of change was negligible (Panel 1, Exhibit B-5).

- The average rate for driver-illicit-drug-use-involved crashes, which was slightly lower in the partnership site than in the comparison site for each of the two time points, increased over time in the partnership site (26%) and comparison site (32%) (Panel 2, Exhibit B-5).

- The average rate at which the driver was charged with substance abuse-related violations in crashes was marginally higher for the partnership site than for the comparison site in both time points. The

Exhibit B-5

DRIVERS' SUBSTANCE ABUSE-INVOLVED CRASHES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1996

Panel 1: Driver-Alcohol-Use-Involved Crashes (Driver **Level** Component Indicator)

	Parmership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	1996	Part.	Comp.	Part.-Comp.
101/201	3.29	19.72	2.58	5.17	500.00	100.00	400.00
102/202	4.03	6.04	6.10	8.13	50.00	33.30	16.70
103/203	5.12	3.41	4.03	2.02	-33.33	-50.00	16.67
104/204	5.69	16.37	4.14	3.11	187.50	-25.00	212.50
105/205	4.19	4.89	4.66	4.66	16.67	0.00	16.67
106/206	8.02	5.01	10.74	10.74	-37.50	0.00	-37.50
1071207	9.36	5.51	9.22	8.79	-41.18	-4.76	-36.41
1081208	6.41	3.70	3.03	6.06	-42.86	100.00	-142.86
1111211	7.20	9.00	11.86	10.28	25.00	-13.33	38.33
1121212	4.16	3.86	4.73	2.84	-7.14	-40.00	32.86
114/214	13.28	8.86	7.07	21.21	-33.33	200.00	-233.33
115/215	5.24	4.23	4.66	5.83	-19.35	25.00	-44.35
120/220	5.82	2.69	1.86	8.06	-53.85	333.33	-387.18
1211221	12.21	11.27	18.96	9.48	-7.69	-50.00	42.3 1
1221222	3.68	5.62	5.88	6.16	52.63	4.76	47.87
1241224	6.41	6.17	6.04	10.60	-3.68	75.36	-79.04
125/225	20.94	11.96	3.41	4.78	-42.86	39.95	-82.80
137/237	8.83	14.72	19.72	8.47	66.67	-57.07	123.73
Overall Mean	7.44	7.95	7.15	7.58	6.78	5.94	0.84
Std. Deviation[3]	4.39	4.96	5.19	4.35	130.55	98.75	166.27

Panel 2: Driver-Illicit-DNg-Use-Involved Crashes (Driver **Level** Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site*	1992	1996	1992	19%	Part.	Comp.	Part.-Comp.
101/201	3.29	3.29	2.58	2.58	0.00	0.00	0.00
107/207	0.55	1.10	1.10	0.88	100.00	-20.00	120.00
111/211	1.35	4.50	3.95	6.33	233.33	60.00	173.33
1121212	0.89	0.59	0.47	0.71	-33.33	50.00	-83.33
114/214	4.43	2.21	2.36	2.36	-50.00	0.00	-50.00
115/215	0.17	0.17	1.17	2.72	0.00	133.33	-133.33
1211221	3.76	5.64	4.06	5.42	50.00	33.33	16.67
1221222	0.58	1.36	1.96	2.24	133.33	14.29	119.05
Overall Mean	1.88	2.36	2.21	2.90	25.61	31.59	-5.99
Std. Deviation'	1.67	1.95	1.31	1.99	96.26	48.43	108.77

(Continued on next page)

Exhibit B-5 (Continued)

Panel 3: Drivers Charged with Substance Abuse-related Violations in Crashes (Driver Level Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	1996	Part.	Comp.	Part.-Comp.
103/203	1.71	0.85	0.67	0.67	-50.00	0.00	-50.00
107/207	0.55	0.55	0.66	0.88	0.00	33.33	-33.33
108/208	0.92	2.77	3.03	3.03	200.00	0.00	200.00
111/211	0.45	0.45	1.58	1.58	0.00	0.00	0.00
112/212	0.59	0.30	0.47	0.24	-50.00	-50.00	0.00
114/214	2.95	1.48	2.36	2.36	-50.00	0.00	-50.00
115/215	0.51	1.18	0.39	2.33	133.33	500.00	-366.67
1221222	0.58	0.58	1.12	1.12	0.00	0.00	0.00
124/224	0.14	0.38	2.52	1.51	166.67	-39.88	206.54
Overall Mean	0.93	0.95	1.42	1.52	1.59	7.19	-5.60
Std. Deviation[3]	0.87	0.79	0.99	0.91	99.65	170.79	166.68

Panel 4: Driver-Substance-Abuse-Involved Crashes (Driver Level Composite Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	19%	Part.	Comp.	Part.-Comp.
101/201	3.29	19.72	2.58	5.17	500.00	100.00	400.00
102/202	4.03	6.55	6.10	8.13	62.50	33.30	29.20
103/203	6.83	3.41	4.03	2.02	-50.00	-50.00	0.00
104/204	5.69	17.08	4.14	3.62	200.00	-12.50	212.50
105/205	5.59	6.29	4.66	6.99	12.50	50.00	-37.50
106/206	8.02	5.26	10.74	10.74	-34.38	0.00	-34.38
107/207	9.36	6.61	9.44	9.01	-29.41	-1.65	-24.76
1081208	6.47	4.62	3.03	6.06	-28.57	100.00	-128.57
1111211	7.65	10.36	14.23	13.44	35.29	-5.56	40.85
112/212	4.16	4.46	4.97	2.84	7.14	-42.86	50.00
114/214	15.50	10.33	9.43	21.21	-33.33	125.00	-158.33
115/215	5.24	4.39	5.05	6.99	-16.13	38.46	-54.59
120/220	6.27	2.69	1.86	8.06	-57.14	333.33	-390.48
121/221	15.97	15.03	20.32	12.19	-5.88	-40.00	34.12
1221222	4.07	6.39	6.44	7.56	57.14	17.39	39.75
124/224	6.64	7.07	6.55	12.11	6.38	85.00	-78.61
125/225	20.94	11.96	3.41	4.78	-42.86	39.95	-82.80
1371237	8.83	14.72	19.72	8.47	66.67	-57.07	123.73
Overall Mean	8.03	8.72	7.59	8.30	8.58	9.27	-0.69
Std. Deviation[3]	4.76	5.06	5.52	4.55	130.95	91.51	161.12

'Relative difference indicates the difference in prevalence rates between 1992 and 1996, calculated as

Part. = (Partnership,, - Partnership,,, / Partnership,,,) * 100, Comp. = (Comparison,, - Comparison_{1992} I Comparison,,,) * 100, and Part. -Comp. = (Pan.-Comp.)

'Partnership/Comparison site represents paired sites under study.

[3] Std. Deviation = Standard Deviation.

increase in the rate over years was a little higher for the comparison site (7%) than for the partnership site (2%) (Panel 3, Exhibit B-5).

- The average rate for driver-substance-abuse-involved crashes varied little between the partnership site and the comparison site in each time point. The increase in the average rate over time was also negligible in both partnership and comparison sites (Panel 4, Exhibit B-5).

Below are the highlights of results ***(overall mean)*** of accident-level indicators from four panels of Exhibit B-6:

- The alcohol-use-involved crash rate (averaged for 18 sites), which was slightly higher in the comparison site than in the partnership site for 1992 and 1996. The rate increased marginally over time; the increase was more in the comparison site than in the partnership site (Exhibit B-6, Panel 2).

- The average rate for single vehicle nighttime crashes was slightly higher for the partnership site than for the comparison site at both time points. There were small decreases over time in the average rate in both partnership and comparison sites, and the decrease was only marginally higher in the comparison site (-12%) than in the partnership site (-7%) (Exhibit B-6, Panel 3).

- The average rate for substance-abuse-involved-crashes changed very little over time in the partnership and comparison sites (Exhibit B-6, Panel 4).

Exhibit B-6

SUBSTANCE ABUSE-RELATED CRASHES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1996

Panel 1: Fatalities in Substance Abuse-Involved Crashes (Accident Level Component Indicator)

	Parmership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	1996	Part.	Comp.	Part.-Comp.
101/201	9.86	29.58	2.58	7.75	200.00	200.00	0.00
102/202	6.55	10.07	14.23	14.23	53.85	0.00	53.85
103/203	7.68	6.83	4.71	4.03	-11.11	-14.29	3.17
104/204	9.25	27.05	5.18	7.25	192.31	40.00	152.31
1051205	9.78	6.29	6.99	6.22	-35.71	-11.11	-24.60
106/206	10.78	8.52	15.51	13.12	-20.93	-15.38	-5.55
1071207	14.32	7.16	11.86	11.86	-50.00	0.00	-50.00
1081208	15.71	6.47	3.03	7.08	-58.82	133.33	-192.16
111/211	10.81	11.71	16.60	15.81	8.33	-4.76	13.10
112/212	5.05	5.94	7.10	5.44	17.65	-23.33	40.98
114/214	16.23	11.07	9.43	30.63	-3 1.82	225.00	-256.82
1151215	6.42	5.58	5.44	9.71	-13.16	78.57	-91.73
1201220	7.16	6.71	2.48	8.68	-6.25	2.50.00	-256.25
1211221	19.73	17.85	23.03	17.61	-9.52	-23.54	14.02
1 221222	5.42	8.33	8.96	7.56	53.57	-15.67	69.24
124/224	8.06	8.34	1.87	10.29	3.51	450.27	-446.76
1251225	23.93	20.94	18.17	16.66	-12.50	-8.31	-4.19
1371237	10.30	17.66	2.39	7.16	71.43	199.76	-128.33
Overall Mean	10.95	12.01	8.86	11.17	9.67	26.03	-16.36
Std. Deviation[3]	5.16	7.45	6.34	6.31	73.03	133.90	145.66

Panel 2: Alcohol Use-Involved Crashes (Accident Level Component Indicator)

	Parmership		comparison		Relative Difference' (%)		
P/C Site'	1992	1996	1992	1996	Part.	Comp.	Part.-Comp.
101/201	9.86	23.01	2.58	7.75	133.33	200.00	-66.67
102/202	6.04	6.55	10.17	8.13	8.33	-20.00	28.33
103/203	5.12	5.12	4.71	2.69	0.00	-42.86	42.86
104/204	8.54	18.51	5.18	4.66	116.67	-10.00	126.67
1051205	4.89	5.59	6.22	3.89	14.29	-37.50	51.79
106/206	8.52	6.77	11.93	11.93	-20.59	0.00	-20.59
1071207	9.91	6.06	10.10	9.44	-38.89	-6.52	-32.37
108/208	8.32	4.62	3.03	6.06	-44.44	100.00	-144.44
1111211	9.00	9.91	14.23	11.86	10.00	-16.67	26.67
112/212	4.16	4.16	5.68	4.26	0.00	-25.00	25.00
114/214	11.81	8.86	7.07	18.85	-25.00	166.67	-191.67
115/215	5.58	4.73	4.66	6.60	-15.15	41.67	-56.82
120/220	6.27	3.58	2.48	8.06	-42.86	225.00	-267.86
121/221	14.09	13.15	21.67	10.84	-6.67	-50.00	43.33
1221222	4.45	6.00	7.28	5.88	34.78	-19.27	54.05
1241224	6.60	6.31	1.87	9.35	-4.29	400.00	-404.29
125/225	23.93	17.95	15.14	10.60	-25.00	-29.99	4.99
1371237	10.30	16.19	2.39	7.16	57.14	199.58	-142.44
Overall Mean	8.74	9.28	7.58	8.22	6.14	8.52	-2.39
Std. Deviation'	4.66	5.88	5.38	3.81	49.85	127.01	133.37

(Continued on next page)

Exhibit B-6 (Continued)

Panel 3: **Single** Vehicle Nighttime Crashes (Accident Level Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	1996	Part.	Comp.	Part.-Comp.
101/201	9.86	13.15	5.17	7.75	33.33	50.00	-16.67
1021202	7.56	4.03	14.23	8.13	-46.67	-22.86	-3.81
103/203	5.97	3.41	2.02	2.02	42.86	0.00	-42.86
104/204	7.83	13.52	4.66	4.66	72.13	0.00	12.73
1051205	3.49	5.59	3.89	3.11	60.00	-20.00	80.00
106/206	6.27	5.01	a.35	7.16	-20.00	-14.29	-5.71
1071207	5.51	7.71	7.47	9.01	40.00	20.59	19.41
108/208	4.62	8.32	4.04	5.05	80.00	25.00	55.00
111/211	7.65	9.91	11.07	4.74	29.41	-57.14	86.55
112/212	3.27	2.97	3.07	3.31	-9.09	7.69	-16.78
1141214	11.81	5.90	14.14	2.36	-50.00	-83.33	33.33
1151215	8.28	5.75	5.83	6.21	-30.61	6.67	-37.28
120/220	2.24	4.92	3.10	4.96	120.00	60.00	60.00
1211221	10.33	9.39	13.54	13.54	-9.09	0.04	-9.13
1221222	3.68	4.84	4.76	5.88	31.58	23.47	8.11
1241224	5.47	5.18	3.74	5.61	-5.17	50.00	-55.17
1251225	26.92	2.99	9.09	9.09	-88.89	0.00	-88.89
1371237	4.42	13.25	7.16	7.16	200.00	0.06	199.94
Overall Mean	7.51	6.99	6.96	6.10	-6.89	-12.42	5.52
Std. Deviation[3]	5.51	3.52	3.98	2.83	69.80	36.72	66.78

Panel 4: Substance Abuse-Involved Crashes (Accident Level Composite Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1996	1992	19%	Part.	Comp.	Part.-Comp.
101/201	19.72	23.01	7.75	10.33	16.67	33.33	-16.67
102/202	11.08	10.58	22.36	14.23	4.55	-36.36	31.82
103/203	7.68	5.97	5.38	4.03	-22.22	-25.00	2.78
1041204	14.95	24.91	7.76	7.25	66.67	-6.67	73.33
105/205	6.29	8.38	6.22	5.44	33.33	-12.50	45.83
106/206	11.28	9.52	14.31	16.70	-15.56	16.67	-32.22
1071207	11.56	9.91	12.96	13.84	-14.29	6.78	-21.07
108/208	10.17	9.24	5.05	9.10	-9.09	80.00	-89.09
1111211	13.51	13.51	20.56	13.44	0.00	-34.62	34.62
112/212	5.05	5.65	6.62	5.91	11.76	-10.71	22.48
114/214	18.45	11.81	14.14	18.85	-36.00	33.33	-69.33
115/215	10.82	8.28	7.38	9.32	-23.44	26.32	-19.75
120/220	7.16	6.71	4.96	9.91	-6.25	100.00	-106.25
121/221	17.85	15.97	27.09	20.32	-10.53	-25.00	14.47
122/222	6.20	7.36	9.24	8.68	18.75	-6.11	24.86
1241224	9.52	9.52	4.68	13.10	0.00	179.91	-179.91
1251225	35.89	20.94	16.66	16.66	-41.67	0.00	-41.67
1371237	11.78	22.08	9.55	14.33	87.50	50.04	37.46
Overall Mean	12.72	12.41	11.26	11.75	-2.44	4.33	-6.77
Std. Deviation'	7.18	6.25	6.68	4.70	33.09	54.80	63.79

'Relative difference indicates the difference in prevalence rates between 1992 and 1996, calculated as

Part. = (Partnership,, - Partnership,,, / $Partnership_{1992}$) * 100, Comp. = (Comparison,, - $Comparison_{1992}$ / Comparison,,) * 100, and Part. -Comp. = (Part.-Comp.)

'Partnership/Comparison site represents paired sites under study.

[3] Std. Deviation = Standard Deviation.

- The average fatality rate in substance abuse-involved crashes was slightly lower in the comparison sites than in the partnership sites for 1992, with a near-tie for 1996. However, the average rate increased over time slightly more in the comparison (26%) site than in the partnership site (10%) (Exhibit B-6, Panel 1).

Driver-Substance-Abuse-Involved Crashes (Driver-Level Composite Indicator): As can be seen from Panel 4, Exhibit B-5, there were at least six pairs (106/206, 107/207, 108/208, 114/214, 120/220, and 125/225) out of 18 in which the partnership site showed a considerable decline in the rate; and the comparison site showed either increases or little decline in the rate.

Substance Abuse-Involved Fatal Crashes (Accident-Level Composite Indicator): Of 18 pairs studied, there were three pairs (114/214, 1151215, and 1251225) in which the partnership site experienced considerable reductions in the rate of substance abuse-involved crashes, but the matched comparison site did show either increases or no changes in the rate (Panel 4, Exhibit B-6). Although similar patterns were observed for pairs 106/206, 107/207, and 120/220, reductions in the rate for the partnership site was not of a considerable extent.

Fatalities in Substance Abuse-Involved Crashes (Accident Level Indicator): There were a wide range of partnership-comparison variations in the *relative* ***difference*** related to the fatality rate (Panel 1, Exhibit B-6). Striking variations were observed for only a few pairs. In pair 107/207, there was a 50 percent reduction in the fatality rate in the partnership area and no change in the comparison area. In pair 108/208, the partnership site experienced a 59 percent reduction in the rate while the comparison site showed a 133 increase in the rate. A similar pattern was observed for pair 114/214 (32% decrease in the partnership area and 225 percent increase in the comparison area) and for pair 120/220 (6% decrease for the partnership site and 250 percent increase for the comparison site). In pair 104/204, there was an increase in the rate-192 percent for the partnership site and 40 percent for the comparison site.

B.4.3 **Arrests Related to Part Ii Offenses**

Exhibit B-7 presents Part II offense-specific arrests per 100,000 population in partnership and comparison communities for 1992 and 1994.

Exhibit B-7

INCIDENCE OF ARRESTS DUE TO PART II OFFENSES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1994

Panel 1: Drug Abuse Violations (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	8183.78	7640.18	652.60	1276.73	-6.64	95.64	-102.28
1041204	270.95	330.26	83.67	284.32	21.89	239.81	-217.92
1051205	303.55	333.81	100.75	168.61	9.97	67.35	-57.39
106/206	450.39	528.84	259.71	298.90	17.42	15.09	2.33
107/207	324.19	588.62	1164.39	1331.01	81.57	14.31	67.26
108/208	430.68	43 1.25	288.28	310.66	0.13	7.76	-7.63
111/211	237.57	375.64	64.34	107.42	58.12	66.96	-8.84
1121212	202.96	195.53	226.81	304.38	-3.66	34.20	-37.86
1141214	155.95	93.72	126.45	176.72	-39.90	39.75	-79.66
115/215	386.57	440.77	443.63	587.67	14.02	32.47	-18.45
120/220	373.38	309.71	305.53	234.40	-17.05	-23.28	6.23
1211221	439.68	256.48	731.42	139.51	-41.67	-80.93	39.26
1231223	651.03	654.06	219.02	294.19	0.47	34.32	-33.86
124/224	369.96	452.66	51.45	104.78	22.35	103.65	-81.30
1251225	352.94	391.83	527.52	391.99	11.02	-25.69	36.71
1381238	250.96	335.65	270.93	143.93	33.75	-46.88	80.62
Overall Mean	787.33	785.82	324.50	362.07	-0.19	11.58	-11.77
Std. Deviation	1962.80	1820.15	299.60	379.11	31.53	73.58	73.29

Panel 2: Driving Under Influence (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	5517.91	10648.60	770.51	817.27	92.98	6.07	86.91
104/204	672.63	632.77	308.39	353.01	-5.93	14.47	-20.39
105/205	401.31	369.42	180.78	195.03	-7.95	7.88	-15.83
106/206	401.26	476.96	153.44	227.83	18.87	48.48	-29.62
107/207	66.23	258.45	518.98	608.17	290.23	17.19	273.05
108/208	307.87	300.51	527.32	454.80	-2.39	-13.75	11.36
1111211	679.13	514.63	335.07	278.91	-24.22	-16.76	-7.46
1121212	292.70	202.07	253.77	221.84	-30.96	-12.58	-18.38
114/214	872.26	272.30	511.31	791.71	-68.78	54.84	-123.62
115/215	504.22	554.30	391.14	352.83	9.93	-9.79	19.73
120/220	657.17	461.61	381.70	303.42	-29.76	-20.51	-9.25
1211221	1140.55	248.97	1172.98	341.33	-78.17	-70.90	-7.27
1231223	561.70	517.80	277.49	415.77	-7.82	49.83	-57.65
1241224	554.3 1	553.04	190.84	148.74	-0.23	-22.06	21.83
125/225	565.31	672.99	852.79	606.76	19.05	-28.85	47.90
1381238	870.62	846.87	1020.24	262.47	-2.73	-74.27	71.55
Overall Mean	827.36	1031.25	461.57	375.29	24.64	-18.69	43.34
Std. Deviation	1263.64	2553.58	309.67	205.62	83.78	37.54	84.66

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Exhibit B-7 (Continued)

Panel 3: Liquor Law Violations (Component Indicator)

P/C Site[2]	Partnership 1992	Partnership 1994	Comparison 1992	Comparison 1994	Relative Difference' (%) Part.	Comp.	Part.-Comp.
1021202	1049.97	1452.08	38.63	213.47	38.30	452.60	-414.30
1041204	246.04	35 1.62	90.71	108.47	42.91	19.58	23.33
1051205	51.21	64.95	51.28	72.26	26.83	40.91	-14.08
106/206	177.95	229.08	36.53	34.54	28.73	-5.45	34.18
107/207	59.26	804.25	334.22	532.21	1257.15	59.24	1197.92
108/208	189.59	101.30	123.55	76.10	-46.57	-38.41	-8.16
111/211	217.36	173.20	85.24	105.51	-20.32	23.78	-44.10
112/212	190.48	141.74	222.32	143.32	-25.59	-35.53	9.95
114/214	391.12	19.19	560.79	655.04	-95.09	16.81	-111.90
115/215	101.36	221.07	131.02	228.33	118.10	74.27	43.83
120/220	133.71	98.69	251.66	197.37	-26.19	-21.57	-4.62
121/221	116.50	62.95	93.46	27.09	-45.97	-71.01	25.05
1231223	470.86	405.76	102.09	107.65	-13.83	5.45	-19.27
1241224	541.49	468.36	87.94	100.10	-13.51	13.83	-27.33
1251225	167.50	236.29	304.42	116.76	41.07	-61.65	102.71
1381238	258.19	170.41	88.90	25.40	-34.00	-7 1.43	37.43
Overall Mean	256.62	294.17	153.10	161.39	14.63	5.41	9.22
Std. Deviation	249.68	361.92	140.57	177.16	318.61	122.23	326.16

Panel 4: Drunkenness (Component Indicator)

P/C Site*	Partnership 1992	Partnership 1994	Comparison 1992	Comparison 1994	Relative Difference' (%) Part.	Comp.	Part.-Comp.
112/212	144.72	129.86	289.96	278.60	-10.27	-3.92	-6.35
1141214	2.21	8.12	1066.60	1069.75	267.42	0.30	267.13
115/215	684.65	406.12	1293.34	1565.34	-40.68	21.03	-61.71
121/221	999.62	991.17	1135.06	791.02	-0.85	-30.31	29.46
1251225	1704.90	1534.41	3432.03	2310.26	-10.00	-32.69	22.69
1381238	1431.42	1833.17	1672.17	588.43	28.07	-64.81	92.88
Overall Mean	413.96	408.57	740.76	550.28	-1.30	-25.71	24.41
Std. Deviation	682.92	758.01	1057.19	736.76	114.07	30.38	114.44

'Relative difference indicates the difference in prevalence rates between 1992 and 1994, calculated as

Part. = ($Partnership_{1994}$ - Partnership,,, / Partnership,,,) * 100, Comp. = (Comparison,,, - $Comparison_{1992}$ / Comparison,,,) * 100, and Part. -Comp. = (Part.-Camp.).

[2]Partnership/Comparison site represents paired sites under study.

Drug Abuse Violations. Results with respect to changes in the rates associated with drug abuse violations during the period between 1992 and 1994 were mixed. Out of 16 partnership-comparison community pairs, there are three pairs (1021202, 112/212, 114/214) in which the partnership site had a decrease in the rate over time and the comparison site had an increase in the rate. A greater decrease in the rate in the comparison area than that in the partnership area was observed in two pairs (120/220 and 121/221). In another two pairs (125/225 and 138/238), the rate decreased in the comparison site, but increased in the partnership site (Panel 1, Exhibit B-7).

Driving Under Influence (DUI). Like drug abuse violations, results with respect to changes in arrest rate related to driving under influence during the period between 1992 and 1994 were also mixed. Of 16 partnership-comparison pairs, there are 5 pairs (111/211, 112/212, 120/220, 121/221, and 124/224) in which reductions were greater in the partnership site than in the comparison site. There are four pairs (104/204, 105/205, 114/214, and 123/223) in which reductions in the DUI arrest rate in the partnership site were accompanied by an increase in the rate in the comparison site. For two pairs (108/208 and 138/238), the comparison site surpassed the partnership site with respect to reductions in the DUI arrest rate. For another two pairs (1151215 and 125/225), the arrest rate decreased in the comparison site while it increased in the partnership site (Panel 2, Exhibit B-7).

Liquor Law Violations. There are five pairs (108/208, 1141214, 120/220, 123/223, 1241224) where the rate of arrests for liquor law violations was reduced more in the partnership site than in the comparison site (Panel 3, Exhibit B-7). On the contrary, improvements in the arrest rate occurred more in the comparison site than in the partnership among three pairs (112/212, 121/221, 138/238).

Drunkenness. The rate of drunkenness was available only for six partnership-comparison pairs. Of these, there are only two pairs (112/212 and 115/215) in which the partnership site showed a decrease in the rate while the comparison rate showed either increases or less improvement in the rate (Panel 4, Exhibit B-7).

B.4.4 **Part I Offenses**

Exhibit B-8 shows the rates per 100,000 for seven offenses for a maximum of 11 partnership-comparison community pairs for 1992 and 1994. Although one can speculate that these offenses may have been accompanied by substance abuse, it would not be possible to examine the extent to which substance abuse was involved in the commitment of these offenses. One general finding is noteworthy prior to looking at the results

Exhibit B-S

PART I OFFENSES PER 100,000 POPULATION IN PARTNERSHIP COMMUNITIES AND COMPARISON COMMUNITIES, 1992 AND 1994

Panel 1: Murder and Nonnegligent Manslaughter (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site'	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	349.99	469.13	24.40	20.33	34.04	-16.68	50.72
104/204	5.69	2.14	2.05	3.52	-62.39	71.71	-134.10
1061206	4.26	3.26	5.98	5.98	-23.47	0.00	-23.47
1071207	7.97	7.91	20.09	17.15	0.00	-14.63	14.63
1081208	5.09	7.36	2.69	3.58	44.60	33.09	11.51
111/211	4.98	4.66	0.55	1.36	-6.43	147.27	-153.70
1201220	1.36	5.91	5.47	8.84	334.56	61.61	272.95
121/221	11.27	5.64	1.35	5.42	-49.96	301.48	-351.44
1241224	9.24	13.95	0.94	1.87	50.97	98.94	-47.96
Overall Mean	44.43	57.78	7.06	7.56	30.05	7.13	22.92
Std. Deviation'	114.62	154.29	8.88	6.77	118.92	100.68	169.90

Panel 2: Forcible Rape (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	1012.73	901.04	107.75	89.45	-11.03	-16.98	5.95
104/204	43.42	52.67	27.30	21.43	21.31	-21.51	42.82
105/205	10.48	5.59	3.11	1.55	-46.67	-50.00	3.33
1061206	35.09	42.11	19.93	11.29	20.00	-43.33	63.33
107/207	65.73	86.15	185.73	154.86	31.06	-16.62	47.68
108/208	13.02	12.45	14.32	9.85	-4.38	-31.22	26.84
111/211	56.59	45.71	15.00	14.45	-19.23	-3.67	-15.56
114/214	56.08	67.89	23.56	7.07	21.06	-69.99	91.05
1201220	63.22	67.76	70.28	58.50	7.18	-16.76	23.94
121/221	21.61	36.64	27.09	74.50	69.55	175.01	-105.46
124/224	42.18	36.43	0.94	5.61	-13.63	496.81	-510.44
Overall Mean	129.10	123.13	45.00	40.78	-4.63	-9.38	4.15
Std. Deviation'	293.70	259.08	56.25	48.62	30.84	165.63	167.32

Panel 3: Robbery (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	5629.61	7305.09	215.50	243.96	29.76	13.21	16.56
1041204	117.44	130.97	76.62	88.36	11.52	15.32	-3.80
105/205	22.35	24.44	10.10	20.20	9.35	100.00	-90.65
1061206	148.63	133.84	75.72	58.45	-9.95	-22.81	12.86
107/207	287.34	282.86	746.86	75 1.27	-1.56	0.59	-2.15
1081208	36.79	73.01	S8.19	47.45	98.45	-18.46	116.91
111/211	208.96	193.73	44.99	39.81	-1.29	-11.51	4.23
114/214	107.74	136.52	56.55	23.56	26.71	-58.34	85.05
1201220	163.72	121.88	97.63	144.35	-25 56	47.85	-73.41
121/221	20.67	35.70	17.61	18.96	72.71	7 67	65 05
1241224	200.04	226.24	1.87	6.55	13.10	250.27	-237.17
Overall Mean	631.21	787.66	127.42	131.17	24.79	2.95	21.84
Std. Deviation'	1659.90	2162.97	213.49	217.24	36.73	83.82	97.18

Panel 4: Aggravated Assault (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site[2]	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	11735.80	11802.81	3189.80	1303.16	0.57	-59.15	59.72
1041204	295.39	392.19	180.84	132.98	32.77	-26.47	59.24
105/205	74.72	49.58	38.07	47.40	-33.65	24.51	-58.15
1061206	626.58	687.74	385.92	350.71	9.76	-9.12	18.88
107/207	861.52	966.59	2558.62	2241.06	12.20	-12.41	24.61
108/208	185.06	191.85	69.83	92.21	3.67	32.05	-28.38
111/211	993.20	894.3:	133.59	122.41	-9.96	-8.37	-1.59
114/214	459.74	447.94	893.03	504.24	-2.51	-43.54	40.97
120/220	694.92	486.63	556.34	487.75	-29 97	-12.33	-17.64
121/221	218.90	338.22	223.49	407.70	54.51	82.42	-27.92
1241224	537.58	580.60	30.87	92.61	8.00	200.00	-192.00
Overall Mean	1516.67	1530.77	750.95	525.66	0.93	-30.00	30.93
Std. Deviation'	3401.55	3417.89	1090.04	671.90	25.13	72.40	71.06

(Continued on next page)

Exhibit B-S (Continued)

Panel 5: **Burglary (Component Indicator)**

	Partnership		Comparison		Relative Difference' (%)		
P/C Site*	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	31856.43	37255.19	2041.15	1862.24	16.95	-8.77	25.71
104/204	1395.79	1686.19	565.70	503.17	20.81	-11.05	31.86
105/205	368.73	412.02	215.23	222.22	11.74	3.25	8.49
106/206	1455.68	1502.05	822.32	695.45	3.19	-15.43	18.61
107/207	2508.35	2101.50	5365.71	4416.46	-16.22	-17.69	1.47
108/208	672.34	685.92	782.47	670.56	2.02	-14.30	16.32
1111211	925.10	938.47	385.24	330.44	1.45	-14.22	15.67
114/214	1534.20	1554.13	1581.06	483.03	1.30	-69.45	70.75
120/220	1182.46	1041.47	996.96	806.74	-11.92	-19.08	7.16
121/221	543.03	636.98	669.11	880.41	17.30	31.58	-14.28
124/224	1664.39	1843.41	145.94	317.13	10.76	117.30	-106.55
Overall Mean	4009.68	4514.30	1233.72	1017.08	12.59	-17.56	30.15
Std. Deviation'	9255.26	10872.54	1482.58	1212.40	11.82	45.92	43.25

Panel 6: Larceny Theft (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site*	1992	1994	1992	1994	Part.	Comp.	Part.-Comp.
102/202	95532.06	110477.33	6794.34	7501.83	15.64	10.41	5.23
104/204	5581.73	6631.60	3804.59	3154.05	18.81	-17.10	35.91
105/205	1609.68	1628.54	829.07	832.95	1.17	0.47	0.70
106/206	4417.42	4107.13	2581.87	2028.56	-7.02	-21.43	14.41
107/207	5771.65	5756.71	11274.90	11504.25	-0.26	2.03	-2.29
108/208	1723.85	1514.46	1064.49	984.81	-12.15	-7.49	-4.66
111/211	3513.81	3669.91	1561.12	1457.25	4.44	-6.65	11.10
114/214	3864.66	4136.23	2497.64	1385.49	7.03	-44.53	51.56
120/220	4319.61	3816.61	2708.07	2272.09	-11.64	-16.10	4.45
1211221	1133.03	867.16	1219.03	1523.79	-23.47	25.00	-48.47
1241224	4351.58	5053.44	611.82	1038.40	16.13	69.72	-53.59
Overall Mean	11983.55	13423.56	3176.99	3062.13	12.02	-3.62	15.63
Std. Deviation[3]	27753.23	32238.94	3210.78	3373.64	13.44	29.48	30.91

Panel 7: Motor Vehicle Theft (Component Indicator)

	Partnership		Comparison		Relative Difference' (%)		
P/C Site'	1992	1994	1992	1994	Part.	Comp.	Part.-Camp.
102/202	12681.51	14774.00	526.55	496.06	16.50	-5.79	22.29
1041204	330.26	425.64	197.86	260.10	28.88	31.46	-2.58
105/205	243.72	210.20	52.84	67.60	-13.75	27.93	-41.69
106/206	407.03	455.65	194.62	128.20	11.95	-34.13	46.07
107/207	638.92	609.53	1553.99	1210.95	-4.60	-22.07	17.47
1081208	95.08	loo.74	115.49	82.37	5.95	-28.68	34.63
111/211	521.47	396.47	197.39	152.40	-23.97	-22.79	-1.18
114/214	436.87	392.59	162.58	124.88	-10.14	-23.19	13.05
120/220	287.43	357.92	221.36	254.18	24.52	14.83	9.70
1211221	237.69	317.55	112.42	135.45	33.60	20.49	13.11
124/224	1081.57	1514.87	64.55	95.42	40.06	47.82	-7.76
Overall Mean	1541.96	1777.74	309.06	273.42	15.29	-11.53	26.82
Std. Deviation[3]	3703.91	4326.16	431.95	334.13	21.04	28.74	23.24

'Relative difference indicates the difference in prevalence rates between 1992 and 1994, calculated as

Part.= (Partnership$_{1994}$ - Partnership$_{1992}$) / Partnership$_{1992}$) * 100, Comp. = (Comparison$_{1994}$ - Comparison$_{1992}$) / Comparison$_{1992}$) * 100, and Part. -Comp. = (Part.-Comp.).

*Partnership/Comparison site represents paired sites under study.

[3] Std. Deviation = Standard Deviation.

according to offense: For all these seven offenses, Partnership Site 102 was distinguished for an exceedingly high rate.

Murder and Nonnegligent Manslaughter. Data on this offense were available only for nine pairs. There are only 2 pairs (104/204 and 121/221) in which the rate of this offense decreased in the partnership site but increased in the comparison site during the period between 1992 and 1994. For one pair (106/206), the partnership site showed a decline while the comparison site did not. The reverse was true for the 107/207 pair (Panel 1, Exhibit B-8).

Forcible Rape. There are mixed results with respect to the change in the rate of forcible rape in partnership and comparison sites. No consistently large decreases in the rate were observed in the partnership site, compared to the respective comparison site (Panel 2, Exhibit B-8).

Robbery. There was no systematic decline in the rate of robbery in partnership sites. For some pairs, the difference in the rate between the partnership site and the comparison site was so different that it is difficult to compare the change in the rate for the partnership site with the change in the rate for the comparison site. For instance, partnership site 124 had a very high robbery rate (200 and 226 per 100,000 in 1992 and 1994, respectively) indicating only a 13 percent increase in the rate while its counterpart comparison site 224 showed a huge increase in the rate (250%), with a very low rate (2 and 7 per 100,000 in 1992 and 1994).

Aggravated Assault. Among 11 pairs studied, there are five pairs (102/202, 104/204, 106/206, 107/207, and 114/214) in which the comparison site showed a decline in the aggravated assault rate while the partnership site showed either an increase or less decline. In another 2 pairs (105/205 and 120/220), the partnership site did better than its matched comparison site. There was a near-tie for pair 11 1/21 1 (Panel 4, Exhibit B-8).

Burglary. Of 11 pairs, there are 7 pairs in which the burglary rate decreased in the comparison sites (102/202, 104/204, 106/206, 107/207, 108/208, 11 1/21 1, and 114/214) accompanied by an increase or a relatively less decrease in the rate in the partnership sites. There are no pairs in which relatively more improvements in the partnership site were observed (Panel 5, Exhibit B-8).

Larceny Theft. There are five pairs (104/204, 106/206, 11 1/211, 114/214, and 1201220) in which the theft rate decreased more in the comparison site than in the partnership site. The reverse was true for three pairs (107/207, 108/208, and 121/221), meaning the partnership site did better than the comparison site (Panel 6, Exhibit B-8).

Motor Vehicle Theft. Among five pairs (102/202, 106/206, 1071207, 108/208, and 114/214), the comparison site showed a decrease in the motor vehicle theft rate while the partnership site showed either an increase or less improvement in the rate. Site 11 1/21 1 showed a near-tie on the reduction in the rate. There is only one pair (105/205) in which the partnership site showed a decrease in the rate while the comparison site did not (Panel 7, Exhibit B-8).

B.4.5 **Fatal Accidents**

The mixed model regression equations were fit to FARS data for five different dependent variables: alcohol use-related crashes, single vehicle nighttime crashes, substance abuse-related crashes, driver's use of alcohol, and driver's abuse of substances. In estimating the equations, the individual confounders (age and sex of driver) and community clusters were taken into account. The question addressed in this part of analysis was:

> *In the aggregate, do partnership communities show reduced incidence rates of fatal crashes over time, relative to the incidence rates of their matched comparison communities?*

Results of mixed models are presented in Exhibit B-9. The key statistics shown in the column entitled "difference in slopes" reflects partnership communities' slope minus the comparison communities slopes. The slope represents the difference in the incidence rate per unit difference in the time variable.

Results on the difference in slope suggest that adjusted incidence rates related to alcohol use-involved fatal crashes, single vehicle nighttime crashes, and substance abuse-related fatal crashes were lower in the partnership site than in the comparison site, but the differences were not statistically significant. The adjusted rates for driver involved in alcohol-related fatal crashes; and driver involved in substance abuse-related crashes were higher in the partnership site than in the comparison site; however, the differences were not significant.

B.5 CONCLUSIONS

The data provide little evidence that substance abuse-related hospitalizations, crime rates, or substance abuse-related traffic accidents were systematically reduced more in the partnership sites than in the comparison sites.

Exhibit B-9

ANALYSIS OF SELECTED COMMUNITY INDICATORS
Summary of Mixed-Model Regression Results

Outcome variables	Difference in slopes	*df*	*F*	Covariance parameter estimate ratio Θ	ICC	*p*	*n*
Substance Abuse and Fatal Crashes (FARS)							
Alcohol Use-related Crashes	-0.00933	36	0.08	0.00000000	0.0000	0.9225	3432
Single Vehicle Nighttime Crashes	-0.02254	36	0.40	0.00037533	0.0004	0.6707	3432
Substance Abuse-related Crashes	-0.00749	36	0.34	0.00000000	0.0000	0.7176	3432
Driver's Use of Alcohol	0.00532	36	0.04	0.00052460	0.0005	0.9592	4413
Driver's Abuse of Substances	0.00182	36	0.06	0.00074887	0.0007	0.9454	4413

Key: *df* = degrees of freedom.
F = Type III *F*.
ICC = Intraclass Correlation Calculated as Θ/(1 +Θ).
p = probability of significance.
n = size of sample used in this analysis.
Year was coded as 1 = 1996 and 0 = 1992 .
FARS stands for Fatal Accident Reporting System.
Community cluster was used.
individual confounders were used to control for the effects of age and gender.
Difference in slope was estimated as partnership communities' slope minus comparison communities' slope.

APPENDIX C

Adults Substance Abuse: Path Modeling

ADULTS SUBSTANCE ABUSE: PATH MODELING

The following variables were used to test the theoretical model, "substance use system: "

1. ***Individual Characteristics (1B).*** Seven characteristics (age, sex, marital status, race and ethnicity, education, employment status, and annual income) were chosen. For each of them, "n - 1 " dummy variables were created from "n" categories of the variable for their inclusion as controls in path models.

2. ***Participation in Partnership Community (1A).*** Respondents residing in communities that had partnership programs were coded as " 1 " and those in the comparison communities were coded as "0. "

3. ***Neighborhood Involvement in Drag Prevention Programs (2B).*** The variable was measured based on responses to the following question, "To what extent are most people in your neighborhood actively involved in preventing drug use. ..?" Those who said, "involved to a great extent," or "involved somewhat," or "involved only a little, " or "drugs not a problem, " were coded as " 1 " and labeled as "involved"; and those who said, "not involved, " were coded as "0. "

4. ***Neighborhood Conditions (2A).*** This variable refers to the substance abuse environment in the neighborhood. Observations were classified into "good" and "bad" neighborhood categories, based on respondents' perceptions of drug availability, drug use, and drug dealing in the neighborhood. [1]

[1] The "neighborhood type" variable based on three component variables is constructed as follows.

5. ***Attitudinal Variables.*** The following two attitudinal variables were constructed:

Attitude toward illicit drug use once or twice (3A.5). The variable was measured in terms of disapproval of using illicit drugs once or twice. An observation was coded as "1" if the respondent disapproved or strongly disapproved of trying once or twice ***each*** of the following six illicit drugs: marijuana, cocaine or crack, heroin, stimulants (without a doctor's prescription), sedatives (without a doctor's prescription), and hallucinogens. An observation was coded as "0" if the respondent did not disapprove or did not strongly disapprove of trying once or twice *all* ***six*** illicit drugs.

Attitude toward getting drunk (3A.1.2). The variable was operationalized as disapproval of getting drunk occasionally. To the question of getting drunk occasionally, responses of "disapproved" or "strongly disapproved" were coded as "1," and the "It's OK" response was coded as "0."

6. Substance Abuse. This variable includes the following sets of specific variables:

Use of illicit drugs (4A.l and 4A.2). Two measures were used: use of illicit drugs in the past month (4A. 1) and use of illicit drugs in the past year (4A.2) preceding the survey. They were derived from responses relating to questions on specific drugs.[2]

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[2]Illicit drugs include marijuana; hashish; cocaine or crack: tranquilizers (Valium, labrum, or xanax); sedatives (barbiturates or downers); analgesics (percodan or darvon); stimulants (amphetamines, dexadrine, preludin, methamphetamine, ice, crank, and biphetamine); inhalants (glue, gasoline, or paints); heroin; opiates such as morphines; and hallucinogens (LSD, PCP, or peyote).

Use of alcohol (4A.3 and 4A.4). As for illicit drug use, there were two measures of alcohol use: use of alcohol in the past month (4A.3) and use of alcohol in the past year (4A.4) preceding the survey. Alcoholic beverages referred to in the question included beer, wine, or liquor.

The full set of variables is listed in Exhibit C-l, and the results of the path modeling are presented in Exhibit C-2.

Exhibit C-l

LIST OF VARIABLES INCLUDED IN PATH ANALYSIS FOR ADULTS

Box	Question I Variable	Questionnaire Item	Variable Recode	Meaning of High Value of the Recode
1B.1	Age 20-29 (Dummy Variable)	Q1_AGE	O - I	Yes
	Age 30-44 (Dummy Variable)	Q1_AGE	O - I	Yes
18.2	Male (Dummy Variable)	Q1_GEN	o - 1	Yes
18.3	Never Married/ Unmarried Couples (Dummy Variable)	Q1_MAR	o - 1	Yes
	Widow/ Divorced/ Separated (Dummy Variable)	Q1_MAR	o - 1	Yes
18.4	White (Dummy Variable)	RACE	o - 1	Yes
	Black (Dummy Variable)	PACE	o - 1	Yes
1B.5	Did Not Finish High School (Dummy Variable)	EDUC	O - I	Yes
	Graduated High School	EDUC	o - 1	Yes
1B.6	Temporarily Unemployed/ Unemployed and Not Seeking Work	EMPLOY	o - 1	Yes
16.7	Low income -<30,000 (Dummy Variable)	INCOME	O - I	Yes
	Medium Income - 30,000 - 59,999 (Dummy Variable)	INCOME	O - I	Yes
1A	Partnership Program in Community		o - 1	Yes
2B	Whether Most People in Neighborhood Actively Involved in Preventing Drug Use	13	o - 1	Involved to A Great Extent/ Somewhat/ Only A Little/ Drugs Not .A Problem
2A	Neighborhood Conditions (Composite Index)	NA	o - 1	Good
3A.5	Attitude Toward Illicit Drug Use Once or Twice (Composite Index)	29C, 29E, 29G, 29I, 29K. 29M	O - I	Disapproved or Strongly Disapproved of Using All Six Drugs (Marijuana, Cocaine or Crack, Heroin, Stimulants, Sedatives, and Hallucinogens) Once or Twice
3.A.I.2	Attitude Toward Getting Drunk Occasionally	278	o - 1	Disapproved or Strongly Disapproved of Getting Drunk Occasionally
4A.I	Use of illicit Drugs in the Past Month (Composite Index)	NA	o - 1	Used Illicit drugs
4A.2	Use of Illicit Drugs in the Past Year (Composite Index)	NA	o - 1	Used Illicit drugs
4A.3	Use of Alcohol in the Past Month (Composite Index)	NA	o - 1	Used Alcohol
4A.4	Use of Alcohol in the Past Year (Composite Index)	NA	O - I	Used Alcohol

Exhibit C-2

ADULTS' SUBSTANCE ABUSE: RESULTS OF PATH MODELING

	Endogenous Variable							
	Neighborhood Involvement		Good Neighborhood		Disapproved of Trying Once or Twice All Six Drugs		Disapproved of Getting Drunk Occasionally	
Independent Variable	1995	1996	1995	1996	1995	1996	1995	1996
Partnership Communities (Comparison Communities)	-0.007	0.021'	-0.011	-0.001	-0.013	0.028'	-0.014	0.026"
Most People in the Neighborhood Got Involved in the Drug Prevention Program (Did Not Get Involved ...)	-	-	0.035'	0.071[a]	0.050'	0.054[a]	0.046[a]	0.051'
Lived in Good Neighborhood (Lived in Bad Neighborhood)					0.002	0.048'	0.000	0.013
Age								
- 20-29	0.089[a]	0.036	0.018	0.031	-0.056'	-0.076[a]	0.018	-0.071[a]
- 30-44	0.102'	0.039	0.049'	0.011	-0.037	-0.064"	0.187[a]	0.090[a]
Male (Female)	-0.002	0.005	-0.030[a]	-0.038'	-0.054[a]	-0.056[a]	-0.124[a]	-0.111'
Marital Status								
- Widow/Divorced/Separated	-0.023[a]	-0.006	-0.064[a]	-0.043[a]	-0.081'	-0.077[a]	-0.041[a]	-0.034[a]
- Never Married/Unmarried Couples (Married)	-0.052[a]	-0.030"	-0.065[a]	-0.085'	-0.151[a]	-0.191[a]	-0.135'	-0.117[a]
Race/Ethnicity								
-Whites	0.008	0.053'	0.120'	0.034'	-0.142'	-0.182[a]	-0.157'	-0.147[a]
- Blacks (Hispanics and Others)	-0.023[a]	0.023[a]	-0.058[a]	-0.096[a]	0.008	-0.064[a]	0.019[a]	0.010
Education								
- Did Not Finish High School	0.023'	0.004	-0.055[a]	-0.071[a]	0.055"	0.041"	-0.058[a]	-0.022[a]
- Finished High School (Attended College/Graduate School)	-0.006	-0.027[a]	-0.052[a]	-0.021	0.068[a]	0.046'	-0.029'	-0.009
Unemployed (Employed)	-0.002	-0.013	-0.013	-0.033'	-0.001	-0.012	-0.006	0.035'
income								
- Low Income (<30,000)	-0.106'	-0.116'	-0.099[a]	-0.121'	0.131'	0.139[a]	0.059'	0.045
- Medium Income (30,000-59,999) (High Income: ≥60,000)	-0.028"	-0.021	-0.038[a]	-0.036'	0.074[a]	0.084[a]	0.009	0.015
Adjusted R-Squared	0.018'	0.022[a]	0.069[a]	0.063[a]	0.066[a]	0.087[a]	0.102[a]	0.081[a]
No. Of Observations	12,290	9,832	12,290	9,832	12,290	9,832	12,290	9,832

Variables in parentheses represent reference categories.
'Significant at the 0.05 level.

(Continued on next page)

Exhibit C-2 (Continued)

	Dependent Variable							
	Used Illicit Drugs in the Past Month		Used Illicit Drugs in the Past Year		Used Alcohol in the Past Month		Used Alcohol in the Past Year	
Independent Variable	1995	1996	1995	1996	1995	1996	1995	1996
Partnership Communities (Comparison Communities)	-0.007	-0.021[a]	-0.000	-0.012	-0.015	-0.016'	-0.020[a]	0.004
Most People in the Neighborhood Got Involved in the Drug Prevention Program (Did Not Get Involved ...)	-0.013	-0.020"	-0.006	0.030[a]	0.011	-0.024"	-0.018"	0.008
Lived in Good Neighborhood (Lived in Bad Neighborhood)	-0.069[a]	-0.073"	-0.062'	-0.062'	-0.001	0.019'	-0.014	-0.017
Disapproved of Trying Once or Twice All Six Drugs {Did Not Disapprove. . . all *Six* Drugs)	-0.348[a]	-0.324"	-0.393'	-0.368'	-0.241'	-0.254[a]	-0.208'	-0.229[a]
Age								
- *20-29*	-0.062[a]	-0.074'	-0.091'	-0.063'	0.117[a]	0.150[a]	0.098[a]	0.148'
- 30-44 (18-19)	-0.118[a]	-0.134[a]	-0.148[a]	0.128[a]	0.115[a]	0.145[a]	0.058[a]	0.148[a]
Male (Female)	0.050'	0.051[a]	0.064"	0.053"	0.112[a]	0.150'	0.083[a]	0.116[a]
Maiial Status								
- Widow/Divorced/Separated	0.003	0.044'	0.022'	0.045[a]	0.036'	0.068[a]	0.038[a]	0.034"
- Never Married/Unmarried Couples (Married)	0.051[a]	0.045[a]	0.095[a]	0.064[a]	0.054'	0.097[a]	0.037'	0.082[a]
Race/Ethnicity								
-Whites	0.019	0.016	0.025[a]	0.023'	0.107[a]	0.092'	0.069[a]	0.110[a]
- Blacks (Hispanics and Others)	0.037[a]	0.018	0.014	0.019'	0.007	-0.019	-0.014"	0.012
Education								
- Did Not Finish High School	0.052[a]	0.062[a]	0.045'	0.044"	-0.083'	-0.059'	-0.099[a]	-0.082[a]
- Finished High School Attended College/ Graduate School)	0.039[a]	0.014	0.026[a]	0.009	-0.055[a]	-0.035[a]	-0.046[a]	-0.053[a]
Unemployed (Employed)	-0.021[a]	0.034[a]	-0.019[a]	0.043'	-0.079'	-0.040[a]	-0.101[a]	-0.057[a]
Income								
- Low Income (<30,000)	0.002	-0.045[a]	0.012	-0.037"	-0.176[a]	-0.223'	-0.191'	-0.160[a]
- Medium Income (30,000-59,999) (High Income: ~60.000)	0.015	-0.023	0.029'	-0.003	-0.094'	-0.125'	-0.071[a]	-0.086[a]
Adjusted R-Squared	0.150'	0.144[a]	0.201'	0.182[a]	0.166[a]	0.188'	0.146[a]	0.156[a]
No. Of Observations	12,290	9,832	12,290	9.832	12,290	9,832	12 290	9,832

Variables in parentheses represent reference categories.
[a]Significant at the 0.05 level.

APPENDIX D

Definitions of Key Components of Customized Framework

DEFINITIONS OF KEY COMPONENTS OF CUSTOMIZED FRAMEWORK

The complete framework is marked by eight components, which are described next in greater detail. However, in creating the customized framework, an explicit assumption has been that a particular coalition may not have achieved or fulfilled all eight components. Some coalitions, even by the end of their CSAP awards, may only have had experiences falling within a few of the components. To this extent, the eight components are described for the sake of completeness, but left open is the question of coverage of these components by any given coalition. (This aspect of the customized framework also has been communicated clearly to the local evaluators, so that they can focus their findings on the components most relevant to their coalition's experiences.)

1. Coalition Characteristics. This component includes the basic structural and functional features of the coalition. The component was regarded as similar to the common understanding of interorganizational networks contained in many other frameworks, therefore including such variable groupings as:

- Coalition eligibility rules and number of partners;
- Governance structure (bylaws, etc.);
- Organizational structure (committees, etc.);
- Staff size and diversity;
- Age and ethnic and racial diversity of coalition members; and
- Age and ethnic and racial diversity of the population being targeted by the coalition.

2. Coalition Capacity. This component reflects the coalition's ability to marshal1 resources and to take actions. In contrast to "coalition characteristics," the customized framework identifies this capacity component as a critical feature not normally articulated well in other open-systems models. The variable groupings within this component might be, but are not limited to, the following:

- **Human resources:** the ability of the coalition to recruit and mobilize people to serve the coalition;

- Organizational resources: the ability of the coalition to integrate resources and create a functioning and viable organization;

- Planning: the ability of the coalition to develop a strategic vision and plan that is responsive to community conditions, and the ability to implement this plan;

- Internal and external communication: the ability of the coalition to disseminate and communicate information internal to the coalition as well as to establish working communications with external entities;

- Managerial capability: the ability of the coalition to make decisions, implement actions, and (when appropriate) diffuse conflicts; and

- Institutional knowledge of the **"system":** the ability of the coalition to move an issue through the external environment, or to make change in the external environment.

Many coalitions may not have fully developed these features and certainly may not have started with them. Each variable group therefore represents an excellent example of the developmental "phases" previously described, whereby coalitions attain new benchmarks over time,

3. ***Community Actions and Prevention Activities.*** This component represents the substantive work of the coalition. Such work may ultimately be aimed at a variety of outcomes, but for CSAP the most important of these are substance abuse prevention outcomes and behavioral changes. The subgroup identified a broad variety of variables and their groupings under this component, with the following being illustrative but not exhaustive:

- Incentive activities: activities aimed at increasing participation in the coalition, motivation for making it work, and the coalition's visibility in the community;

- Strategic activities (substance-related): activities of substantive duration and sequence, pursuing some presumed theories or experiences for improving substance outcomes and creating behavioral changes;

- **Policy and legislative changes:** changes within a community's rule system, also pursuing some presumed theories or experiences for improving substance outcomes and creating behavioral changes;

- **Outreach activities:** activities intended to maintain and increase support for the coalition, as well as to raise awareness of substance problems and issues; and

- **Community development activities:** activities aimed at changing the community conditions that affect substance problems and activities in the long run.

4. ***Immediate Process and Activity Outcomes.*** The immediate process and activity outcomes are the early evidence of the coalition's effective capacity and substantive work. A key is that these immediate outcomes not only include common implementation and activity outcomes-such as the completed implementation of the activity or the demonstrated ability to reach the appropriate target group-but also essential coalition outcomes, such as the coordination or collaboration among service organizations that was not present prior to the coalition. In this sense, the immediate outcomes reflect the value-added of the coalition, and not merely the immediate outcomes from the substance activities in the coalition. In general, the "whole" of what has been produced by a coalition must be greater than the sum of the substance parts-otherwise the argument could be made that the separate substance activities should have been supported individually, without incurring the additional cost of having a coalition.

Illustrative variable groupings falling under this component include the following:

- The extent of participation by the target group;

- Outcomes of targeted activities;

- Coordination/collaboration among community service organizations or agencies that was not present prior to the coalition;

- Spin-offs (from the coalition) of new services;

- Reduction in the duplication of existing services;

- The promotion of an appropriate, comprehensive mix of multilevel services;

- Noncompetition with existing services; and
- Managerial effectiveness.

5. Substance Abuse Outcomes. Substance abuse outcomes are the desired individual conditions considered precursors to actual behavioral changes. The variable groupings of interest include:

- Changes 'in risk perception;
- Changes in perceived norms and beliefs;
- Increases in protective factors;
- Increases in resilience;
- Mobilization on substance abuse issues;
- Increased knowledge and improved attitudes about substance abuse; and
- Intentions or pledges "not to use. "

As can be seen, these variable groupings do not attempt to represent the desired ultimate outcomes ("behavioral changes"). However, together with the community specific outcomes listed next, positive behavioral changes are presumed to follow.

6. Community Outcomes. The relevant community outcomes cover similar categories as community and contextual conditions except that the latter are considered to precede and coincide with the lifetime of a coalition, whereas the community outcomes are assumed to result from a coalition's actions and activities.

A contextual condition influencing early coalition formation and activities might, for instance, have been the existence of community and school violence, in turn suspected of being associated with drug markets. This existence would therefore have given early direction to the priorities of the coalition but then would also have been considered one of the terms of accountability (hence community outcome) for the entire program. Illustrative variable groupings would include:

- Sociopolitical conditions;

- Socioeconomic conditions;
- Community health conditions (including violence and school violence); and
- Changes in community substance prevention and treatment services-including those that are not coalition-related; and
- Implemented policy changes.

As with the substance abuse outcomes desired under item 5, the community outcomes also are presumed to precede and facilitate the desired behavioral changes.

7. ***Behavioral Changes.*** The ultimate objective of any CSAP-funded coalition program is to produce behavioral changes. These are considered the specific changes in community or individual behavior that justify the entire investment in coalition programming. The local evaluation subgroup identified many topics for assessing these changes. As pointed out earlier, the topics are more comprehensive and diverse than traditional renditions of substance abuse, and therefore represent a special contribution made by the customized framework. Illustrative variable groupings include:

- Community indicators of behavioral changes (e.g., drug-related arrests and drug-related emergency room cases)-including public safety-related to substance-related crime reduction, physical and mental health conditions, workplace drug use, and drug use in educational settings;
- Reduction of drug markets (availability, accessibility, and price of legal and illegal drugs);
- Demand reduction (reduced consumption of drugs);
- Deferral of use (especially of legal drugs used by underage persons); and
- Harm reduction (safer use of drugs, as in avoidance of driving and drinking).

As with all the other listings, the groupings and the specific variables are to be considered illustrative only, and not exhaustive.

8. Contextual Conditions. These conditions represent the community and related conditions that affect the coalition but that in turn may be influenced by a coalition's later activities. The conditions may be considered part of the environment within which a coalition must operate. Foremost in defining these conditions is the fact that they are external to the coalition, and also may produce substance abuse prevention outcomes and behavioral changes, but ones unrelated to the functioning of the coalition. In this sense, the contextual conditions contain rival (noncoalition) hypotheses for explaining how and why substance abuse prevention outcomes and behavioral changes occurred in a given community.

The variable groupings under this component already have been identified under item 6, "community outcomes. "

APPENDIX E

Criteria For Calculating The Dosage Table Scores For
24 Community Partnership and Comparison Sites

Appendix E

CRITERIA FOR CALCULATING THE DOSAGE TABLE SCORES FOR 24 COMMUNITY PARTNERSHIP AND COMPARISON SITES

Criterion #1: General Calculations Procedure

To calculate the dosage table score for each partnership and comparison. site, it is necessary under most circumstances to multiply three columns **(Q11, Q15, Q16)** of ***reported*** data for each **strategic** and **incentive** activity. Column Q11 represents the total number of people reached per activity; column Q15 represents the total number of prevention contact hours as calculated by the product of hours and days (known as the length); and column Q16 represents the number of completed events and cycles for an activity. Once the product of these three column is calculated for each strategic and incentive activity, then all strategic are initially summed for that partnership or comparison site. For all incentive activities, one-fifth of the initial sum is taken and them added to the sum for strategic activities to create a final total of prevention contact hours. Sometimes column Q16 contains redundant information which could unrealistically inflate the total number of prevention contact hours. In such cases, this information is not used in the overall calculation. For situations in which the number of cycles is equal to or greater than 10, 10 is the number used in the calculations. If the number of cycles indicated on the dosage table chart falls in the 2-4 or 5-9 categories for a given activity, then 3 or 7 (the middle scores) are the numbers used in the calculations, respectively.

Criterion #2: Mean Indefinite Q1 **1** Data

In the event that column Q11 provides a range rather than a specific number of persons reached, the mean for that range has been calculated and used as that value for column Q1 **1.** This rule applies to comparison site 205 (activities 1, 3, 7, 8).

Criterion #3: Omission of 011 and 015 Data

In cases where column Qll data are ***not*** present, unspecific, or irrational., it is necessary to substitute **1** for the missing data. When column Q15 data have been omitted, **1 hour** and **1** day have been substituted in the hours and days categories. The 1 hour, 1 day rule applies to those partnership and comparison groups as presented in Attachment A.

Criterion #4: Half-hour Rule for Incomplete Data

Under circumstances where column Q15 contains the number of days but not the number of hours (as occasionally witnessed with school-based programs), it is necessary to substitute one half hour under the hours category. The half-hour rule applies to those partnership and comparison groups as presented in Attachment A.

Criterion #5: Media Campaign and Press Releases Activity Calculation

In calculating column Q15 for the media campaign activity, a *one-minute rule* is almost always applied for each media event (television, radio etc.). Hence, if a radio ad appears three times in a day, the product is three minutes. That product would then be divided by 14,400 (representing the number of minutes in a day) producing a fraction to be multiplied by the number of days and the number of people reached (Q11). This calculation procedure permits a more accurate measurement of the effects of a media campaign on the individual recipient; and it applies to all media campaign activities throughout the partnership and comparison sites.

For press releases or coverage, a *five-minute rule* applies in the calculation for partnership 220 (activates 3, 4).

Criterion #6: Hours Only Rule

When the number of days is excessive (usually a minimum of 261) for a given activity and unrealistically skews the total number of prevention contact hours, only the hours category may be calculated within column Q15. This calculation would be independent of any information concerning the number of days. The "hours only" rule applies to those partnership and comparison group as presented in Attachment A. In particular, the "hours only" rule applies to all incentive activities.

Criterion #7: Omission of Column 016 Calculation

For school-based programs, alternative activities for youth, and all incentive activities, any information for column Q16 is *not* entered into the overall calculation. Most students only participate in a particular school program for one cycle and this produces a more realistic total.

Criterion #8: Miscellaneous Situations

For comparison site 203 (activity 10), the number of hours has been reduced from 133 to 1 to make the final number of prevention contact hours more realistic.

ILLUSTRATIVE DATA FOR PREVENTION DOSAGE IN ONE COMMUNITY

Site: _____

Author: _____

Date: _____

I. COMMUNITY CONTEXT

Area	Population
Q2 - Size of Jurisdiction	Q4 - Total
__ Small/Rural __ Medium __ Large	_____ (total pop.)

II. SYSTEMS CHANGE

Q9 - How Many and What Substance Abuse Policies Have Been Implemented in the Community
Policy 1 _____
Policy 2 _____
Policy 3 _____
Policy 4 _____
Policy 5 _____
Policy 6 _____

III. PREVENTION DOSAGE

Prevention Activity Name (Indicate Specific Activity)	Q11 - No. Of People Reached	Q12 - Target Group	DURATION		Q16 - No. Of Comp. Events or Cycles	Q17 - Enhancement Effect of Any Spinoff Activities Increases Ori. Activity's Size by:
			Q14 - Frequency	Q15 - Length		
1.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 - 5 - 9 - 2 4 ___1 time	___ more than 100 percent ___ 50-I 00 percent ___ 149 percent ___ not at all
2.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 ___2–4 ___1 time	___ more than 100 percent ___ 50-I 00 percent ___ 149 percent ___ not at all
3.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly - y e a r l y ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 ___2–4 ___1 time	___ more than 100 percent ___ 50-I 00 percent ___ 149 percent ___ not at all
4.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 - 2 4 ___1 time	___ more than 100 percent ___ 50–100 percent ___ 149 percent ___ not at all
5.	n u m b e r o f persons reached)	___ youth ___ adults ___ b o t h ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 - 2 4 ___1 time	___ more than 100 percent ___ 50-100 percent ___ 149 percent ___ not at all
3.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	> 10 - 5 - 9 ___2–4 ___1 time	___ more than 100 percent ___ 50–100 percent ___ 149 percent ___ not at all

Prevention Activity Name (Indicate Specific Activity)	Q11 - No. Of People Reached	Q12 - Target Group	Q14 - Frequency	DURATION Q15 - Length	DURATION Q16 - No. Of Comp. Events or Cycles	Q17 - Enhancement Effectof Any Spinoff Activities: Increases Ori. Activity's Sizeby:
7.	_____ number of persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 2 4 ___ 1 time	___ more than 100 percent ___ 50-100 percent ___ 149 percent ___ not at all
8.	_____ number of persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 2 4 ___ 1 time	___ more than 100 percent ___ 50–100 percent ___ 149 percent ___ not at all
9.	number of persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 - 2 4 ___ 1 time	___ more than 100 percent ___ 50-100 percent ___ 149 percent ___ not at all
10.	number of persons reached)	___ youth ___ adults _ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 - 2 4 ___ 1 time	___ more than 100 percent ___ 50-100 percent ___ 149 percent ___ not at all
11.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 - 2 4 ___ 1 time	___ more than 100 percent ___ 50-I 00 percent ___ 149 percent ___ not at all
12.	o_____ number f persons reached)	___ youth ___ adults ___ both ___ neither	___ daily ___ weekly ___ monthly ___ yearly ___ once ___ ongoing	_____ (no. of hours) _____ (no. of days)	___ > 10 ___ 5–9 ___ 2–4 ___ 1 time	___ more than 100 percent ___ 50-100 percent ___ 149 percent ___ not at all

APPENDIX F

Four Other Characteristics Tested Against
Substance Abuse Outcomes

F-l. RELATIONSHIP BETWEEN POPULATION DENSITY AND PREVENTION OUTCOMES (Summary of Mixed-Model Regression Results)

Age Groups	Outcome Variables	Difference in Slopes	DF	F	Covariance Parameter Estimate Ratio Θ	ICC	p	n
Adult	Adult illicit drug use in the last month	0.0017	45	0.66	0.00063742	0.0006	0.4208	24945
	Adult illicit drug use in the last year	0.0028	45	0.87	0.00194323	0.0019	0.3572	24945
	Adult alcohol use in the last month	-0.0027	45	0.18	0.01015241	0.0098	0.6702	24890
	Adult alcohol use in the last year	-0.0012	45	0.05	0.01242158	0.0120	0.8264	24941
10th Grade	10th grade illicit drug use in the last month	-0.0014	35	2.04	0.00350806	0.0034	0.1624	2516;
	10th grade illicit drug use in the last year	-0.0014	35	1.50	0.00400881	0.0039	0.2285	25159
	10th grade alcohol use in the last month	-0.0007	35	0.25	0.00751067	0.0073	0.6197	25129
	10th grade alcohol use in the last year	-0.0008	35	0.43	0.00607153	0.0060	0.5168	25135
8th Grade	8th grade illicit drug use in the last month	-0.0006	37	0.23	0.00253018	0.0025	0.6377	29869
	8th grade illicit drug use in the last year	-0.0004	37	0.09	0.00339693	0.0033	0.7666	29865
	8th grade alcohol use in the last month	-0.0011	37	0.57	0.00281286	0.0028	0.4570	29825
	8th grade alcohol use in the last year	-0.0002	37	0.02	0.00417305	0.0041	0.9020	29831

Key: DF = Degrees of Freedom
F = Type III F
ICC = Intraclass Correlation Calculated as $\frac{\theta}{1+\theta}$
p = Probability of Significance
n = Size of Sample Used in This Analysis

[1]Scaled weight, calculated as: base weight ($\frac{1}{\text{MeanBaseWeight}}$), was met.
[2]Time, defined as months between grant award and survey administration date, was used.
[3]Community cluster was used.
[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).
[5]Difference in slope was estimated as partnership communities' slope minus comparison communities' slope.

F-2. RELATIONSHIP BETWEEN PARTNERSHIP LEADERSHIP TYPE AND PREVENTION OUTCOMES (Summary of Mixed-Model Regression Results)

		Difference in Slopes				
Aae Groups	Outcome Variables	Grassroots	Professional	Leadershio	DF	n
Adult	Illicit drug use in the past year	-0.00120	-0.00073	0.00003	44	26676
	Illicit drug use in the past month	-0.00077	-0.00055	-0.00039	44	26676
	Alcohol use in the past year	-0.00142	-0.00018	0.00116	44	26666
	Alcohol use in the past month	-0.00300	-0.00108	-0.00032	44	26603
10th Grade	Illicit drug use in the past year	-0.00037	-0.00193	0.00027	39	25159
	Illicit drug use in the past month	-0.00093	-0.00166	0.00004	39	25161
	Alcohol use in the past year	-0.00185	-0.00042	0.00299	39	25135
	Alcohol use in the past month	-0.00384*	0.00078	0.00344	39	25129
8th Grade	Illicit drug use in the past year	0.00021	-0.00017	-0.00374	39	29865
	Illicit drug use in the past month	-0.00116	-0.00042	-0.00030	39	29869
	Alcohol use in the past year	-0.00031	0.00033	-0.00101	39	29831
	Alcohol use in the past month	-0.00231	-0.00010	-0.00026	39	29825

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis
* = $p < .05$ level

'Scaled weight, calculated as: base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

*Time defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

[5]Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. The comparison group of the type variable was the omitted category in fitting the model.

F-3. RELATIONSHIP BETWEEN PARTNERSHIP AGE AND PREVENTION OUTCOMES (Summary of Mixed-Model Regression Results)

Age Groups	Outcome Variables	Difference in Slopes: Old Partnershios	Difference in Slopes: New Partnershios	DF	n
Adult	Illicit drug use in the past year	-0.00030	-0.00118	45	26676
	Illicit drug use in the past month	-0.00030	-0.00087	45	26676
	Alcohol use in the past year	0.00016	-0.00084	45	26666
	Alcohol use in the past month	0.00017	-0.00287**	45	26603
10th Grade	Illicit drug use in the past year	-0.00182	-0.00048	40	25159
	Illicit drug use in the past month	-0.00196	-0.00056	40	25161
	Alcohol use in the past year	-0.00085	0.00018	40	25135
	Alcohol use in the past month	-0.00041	0.00009	40	25129
8th Grade	Illicit drug use in the past year	-0.00120	-0.00018	40	29865
	Illicit drug use in the past month	-0.00093	-0.00049	40	29869
	Alcohol use in the past year	0.00014	0.00011	40	29831
	Alcohol use in the past month	0.00054	-0.00111	40	29825

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis

* = $p < .05$ level
** = $p < .01$ level

'Scaled weight, calculated as: base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

[2]Time, defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

'Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. The comparison group of the type variable was the omitted category in fitting the model.

F-4. RELATIONSHIP BETWEEN PARTNERSHIP COHORT AND PREVENTION OUTCOME (Summary of Mixed-Model Regression Results)

		Difference in Slopes			
Aae Groups	Outcome Variables	Cohort Old	Cohort New	DF	n
Adult	Illicit drug use in the past year	-0.00075	-0.00088	45	26676
	Illicit drug use in the past month	-0.00058	-0.00069	45	26676
	Alcohol use in the past year	-0.00011	-0.00073	45	26666
	Alcohol use in the past month	-0.00044	-0.00243**	45	26603
10th Grade	Illicit drug use in the past year	-0.00257	-0.00042	40	25159
	Illicit drug use in the past month	-0.00137	-0.00088	40	25161
	Alcohol use in the past year	-0.00086	-0.00011	40	25135
	Alcohol use in the past month	-0.00113	0.00005	40	25129
8th Grade	Illicit drug use in the past year	0.00085	-0.00059	40	29865
	Illicit drug use in the past month	0.00101	-0.00086	40	29869
	Alcohol use in the past year	0.00238	-0.00051	40	29831
	Alcohol use in the past month	0.00299	-0.00158	40	29825

Key: DF = Degrees of Freedom
n = Size of Sample Used in this Analysis
* = $p < .05$ level
** = $p < .01$ level

'Scaled weight, calculated as: base weight ($\frac{1}{\text{MeanBaseWeight}}$), was used.

[2]Time, defined as months between grant award and survey administration date, was used.

[3]Community cluster was used.

[4]Individual confounders were used to control for the effects of age, gender, race, education, employment status, and income (only age, gender, and race were used in the youth data).

'Difference in slope was estimated as partnership communities' slope minus comparison communities' slope. The comparison group of the type variable was the omitted category in fitting the model.

APPENDIX G

Developing Evaluative Explanations of How and Why Community Partnerships Might Work in Substance Abuse Prevention

Developing Evaluative Explanations of How and Why Community Partnerships Might Work in Substance Abuse F'revention

May 1996

Preface

The National Evaluation of the Community Partnership Demonstration Grant Program (the Partnership Program) has been conducted in two phases (1990-1994 and 1994-1997). The duration of the evaluation is intended to accommodate the length of the grant awards, which include two cohorts of five-year grants from 1990 to 1995 (n=95) and 1991 to 1996 (n=157, with 1 grant dropping out after the first year of award). Phase I of the evaluation was carried out by a team of researchers under the overall direction of the Institute for Social Analysis and culminated with evaluation data on the early years of the partnership-building process (*Third Annual Report,* June 1994). The current phase is under the overall direction of COSMOS Corporation (*Fourth Annual Report,* 1996).

The purpose of this semi-annual report is to develop a richer theoretical framework for analyzing the results from the evaluation. In particular, the framework will be used to create an analysis outline for reporting and interpreting 24 individual case studies of community partnerships, chosen as a random, statistical sample of 251 partnerships awarded by CSAP in 1990 and 1991.

Each case study was based on multiple, annual site visits and has led to annual case reports. The framework in this report helps to define a consistent, composite report for each case. Such consistency will then facilitate a cross-case analysis covering all 24 individual cases. The results of the cross-case analysis, in turn will represent the major findings from the entire national evaluation.

The report was produced under Contract No. 277-94-2023 from the Center for Substance Abuse Prevention. Dr. Shakeh Kaftarian serves as the project officer for the evaluation.

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I. PURPOSE OF THIS REPORT

Community Partnership Evaluations: Shift from "Process" to "Outcome"

Traditional evaluation design, in its most basic form, starts with the designation of "process" and "outcome." The process embodies an intervention, which is supposed to cause outcomes. For the Community Partnership Demonstration Grant Program (Community Partnership Program) sponsored by the Center for, Substance Abuse Prevention (CSAP), the operation of community partnerships. reflects the process: Seven or more local agencies and organizations are to become partners and implement a comprehensive substance abuse prevention program. Changes in community systems and in reported substance abuse behavior ("prevalence" rates) then represent the outcomes of interest. Although the process-outcome dualism oversimplifies many social interventions, including the community partnerships, it serves as a point of departure for the present report.

In particular, the gradual maturation of CSAP's Community Partnership Program and its National Evaluation (CSAP, 1996), along with continued data from other community interventions-such as reports from the nine year-old Midwestern [substance abuse] Prevention Project (Pentz, 1994) as well as early empirical reports from the multiple-site, Fighting ***Back*** initiative sponsored by the Robert Wood Johnson Foundation-are finally resulting in repeated coverage of outcome data from partnership efforts. The first obvious effect of this progress is the shifting of earlier attention on the "process" of community partnerships to their "outcomes."

However, a second and equally important shift-produced because outcome data are now becoming more readily available-is the need to revisit prevailing concepts of the ***linkage between process and outcomes.*** In other words, whether negative or positive outcomes are achieved, increased attention now needs to be given to the ***explanations*** of the outcomes-i.e., how partnership processes might work to produce the outcomes. In other words, the availability of the new outcome-oriented reports has led to the need to strengthen explanatory linkages (and causal attributions) back to partnership processes, to develop a comprehensive understanding of community partnerships.

Early treatments of community partnerships, including earlier reports from the National Evaluation of the Partnership Program (CSAP, 1994) as well as reviews of partnership or coalition efforts more generally (e.g.,

Butterfoss, Goodman, and Wandersman, 1993), largely dwelled on the articulation of partnership processes and how partnerships initiate and implement actions. Without outcome data, the need for explaining the link between process and outcome was not necessarily strongly felt. As another example, only one of the articles (Putnam, Rockett, and Campbell, 1993) in a multi-article review of then-current community action projects in substance abuse prevention (Greenfield and Zimmerman, 1993) had any outcome data; as a result, the articles in that volume rarely contained even speculations on how or why partnerships work.

In contrast, presumed explanations have long existed for individual substance abuse prevention activities and strategies (e.g., "scare" tactics, the alternative activities approach, and life skills strategies), and numerous reviews and meta-analyses of a lengthy history of research exist (e.g., Tobler, 1986). The point of this report is that the same degree of articulation has not been achieved by research on community partnerships-as mechanisms through which prevention activities are supposed to be made more effective. For instance, few concepts have been developed to describe how a partnership achieves its expected outcomes, apart from the support of an array of individual prevention activities.

Need for Enrichened "Customized" Framework

The purpose of this report is to update earlier reviews of the literature on evaluating community partnerships, and to enrich an existing "customized" framework (CSAP, 1996) developed specifically to evaluate the Partnership Program sponsored by CSAP. Although the framework has.aIready been articulated operationally (e.g., see Yin, Kaftarian, and Jacobs, 1996), the listed variables in retrospect still do not comprise hypothesized explanations of partnerships-explanations that can then be used to examine individual case studies of community partnerships or to build cross-case generalizations by taking advantage of multiple-case designs (Yin, 1994). The National Evaluation of the Partnership Program includes intensive case studies of 24 of the 251 originally funded partnerships. How these case studies are to be analyzed or later lessons aggregated in any cross-case sense has not yet been defined.

Similarly, the CSAP-funded partnerships all have their own local evaluations, and whether the information from these evaluations also can be combined in some meaningful way has been a topic of interest and preliminary inquiry (Hansen and Kaftarian, 1994). A possible strategy has been to enumerate and define "commonly co-occurring variables and investigate their

correlations across sites" (Hansen and Kaftarian, 1994), but such an analysis would only be a prelude to the needed explanations.

As an augmentation of a correlative orientation, the desired explanations must attempt to forge cause-and-effect links. These links have been described by Springer and Phillips (1994) as "a specified and sequential cause of events." They say these links are extremely difficult *to* establish and are only based on inferential evidence, even at their strongest. Therefore, Springer and Phillips consider the presumed, sequential cause of events only to be a "cue" to causality and a necessary complement to other traditional *cues:*

- Covariation in cause and effect (i.e., correlative analysis);
- Temporal precedence of cause and effect; and
- The elimination of alternative causal explanations.

These authors also use a practical frame of reference for assessing the adequacy of such a specified and sequential cause of events, preferring that the explanation help program operators who are trying to replicate or implement the partnership program of interest.

A major purpose of this report is therefore to enhance the explanatory potential of the earlier "customized" framework, and to use the enrichened framework as the basis for carrying out the within- and cross-case analysis of individual cases of community partnerships-including the 24 intensive case studies that are part of the National Evaluation. The recent literature helps to focus on several key points in the original customized framework that may not have received sufficient attention heretofore. These especially include the problems of:

- The presumed link between community-based prevention services (or actions) and the desired community outcomes (assumed but not addressed explicitly by the original framework)-and therefore how the desired substance abuse prevention outcomes in fact might be produced;
- Partnerships' capacity to organize the needed prevention services (or actions) in the first place; and
- Whether there are useful typologies of partnerships (the original framework does not address this issue).

At the same time, the report must be considered but a first step in advancing explanatory issues. Definitive advances will require multiple inquiries by multiple investigating teams, engaging in a rich combination of debate and corroboration. To this extent, the present report claims only to initiate such debate and corroboration and welcomes the additional comments and insights of others in the field.

In the remaining text, Section II first points to some limitations of commonly used conceptual frameworks about community partnerships. The section then hints at the needed strategies for linking "process" and "outcome" in a meaningful, explanatory mode. Sections III and IV then apply these strategies, directing attention to two critical links-between "comprehensive" prevention activities and desired outcomes, and between community partnerships and their capacity for mounting comprehensive prevention activities. Section V integrates these discussions by revisiting the customized framework and modifying it. The end result of the report is a series of casually oriented hypotheses about how community partnerships might work. These hypotheses will collectively form the basis for later conducting the within- and cross-case analysis of the community partnership data.

II. LIMITATIONS OF OPEN-SYSTEMS MODELS OF COMMUNITY PARTNERSHIPS

The Customized Framework for Evaluating Community Partnerships

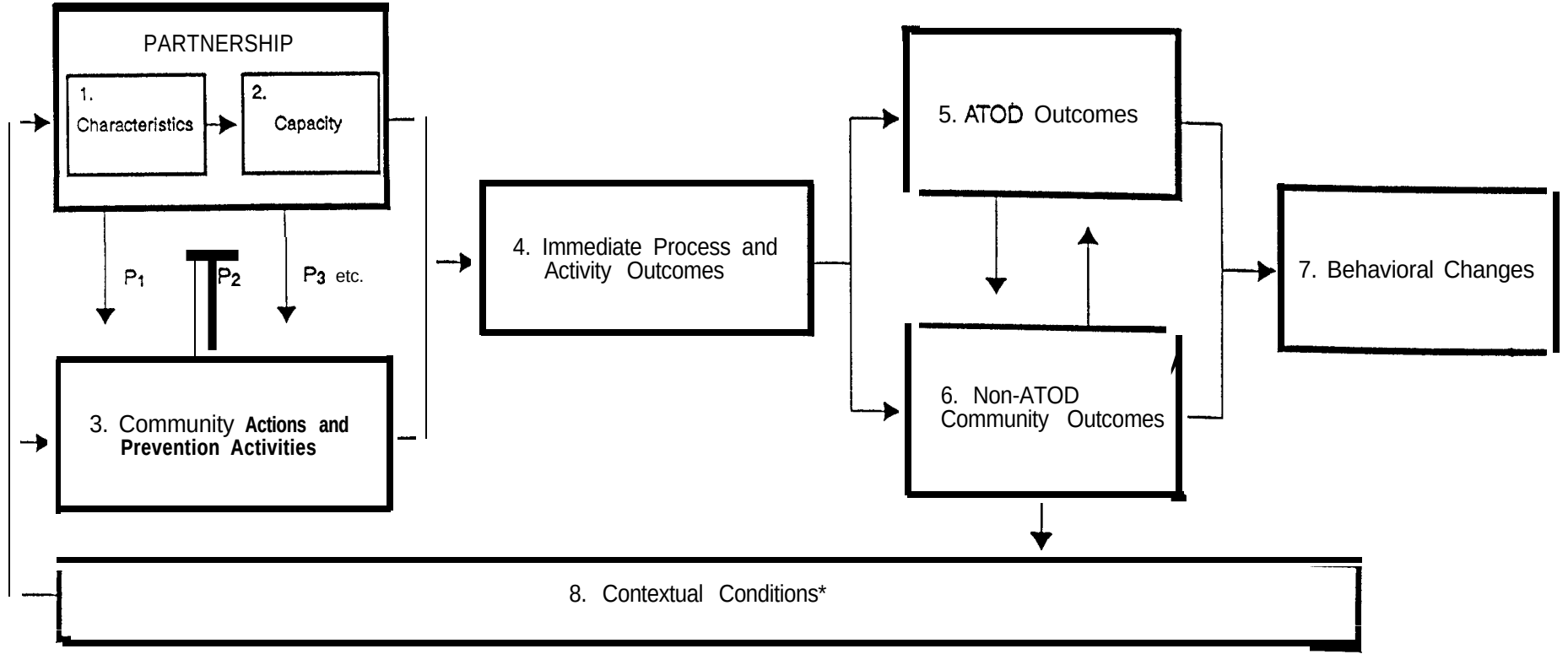
The most common approach for evaluating community partnerships has been to start with an understanding of community partnerships as an open-systems model (CSAP, 1994). As an open-systems model (Katz and Kahn, 1978), a partnership is depicted as an organization that draws heavily and interacts constantly with its community environment. The environment forms the "context" within which the partnership must operate. Conversely, the partnership's operations can lead to changes in the environment and not just in the partnership. The overall result is an organization that has minimal boundaries with the large community-readily drawing volunteers, engaging public service partners into the partnership, and aiming for community benefits.

Katz and Kahn (1978) and Florin, Chavis, Wandersman, and Rich (1992) have later provided a solid understanding of the use of the open-systems model in these circumstances. They point out that the environment provides "inputs" into volunteer community organizations; that such organizations focus on transforming inputs into "outputs;" and that the outputs are discharged back into the environment. The model is "open". because the organizations are directly affected by large-scale social forces, such as demographic trends, industrial migration, and the general economy. However, the organizations have no direct control over these large-scale forces. External feedback loops show how environmental effects on the organization can in principle and potentially be converted to later, desired changes in the environment; internal feedback loops within the organization link organizational actions with the further development of the organization. Given this perspective, the continuing struggle of a successful community organization is to exert control by "closing" the system, making environmental conditions endogenous to its system.

A "customized framework," developed specifically to evaluate CSAP's community partnerships, represents the concrete example of this open-systems model as used in the National Evaluation of CSAP's Community Partnership Program (CSAP, 1996). As depicted in Exhibit 1, the customized framework identifies the presumed causal relationships among eight classes of variables (Yin, Kaftarian, and Jacobs, 1996):

Exhibit 1

MAIN COMPONENTS OF CUSTOMIZED FRAMEWORK FOR EVALUATING COMMUNITY PARTNERSHIPS



Key

P1, P2, P3 = Phase 1, Phase 2, Phase 3

* Other arrows from Contexual Conditions to all other components not shown

1) Partnership characteristics;

2) Partnership capacity;

3) Community actions and prevention activities;

4) Immediate outcomes;

5) Substance abuse (nonbehavioral) outcomes;

6) Community (non-substance abuse) outcomes;

7) Substance abuse (behavioral) outcomes; and

8) Contextual conditions.

Each class of variables captures critical events in the life cycle of a community partnership. The customized framework assumes a certain set of conditions under which partnerships operate; it then predicts that, if the appropriate events occur in the desired sequence, positive outcomes will ensue.

Similar frameworks have been presented in related, earlier research, especially to develop and implement evaluation designs (e.g., Florin, Chavis, Wandersman, and Rich, 1992; Francisco, Paine, and Fawcett, 1993; CSAP, 1994; and Bailey and Koney, 1995). Though differences in detail exist, the basic frameworks are all similar. When graphically portrayed, the frameworks are typically represented by a series of boxes from left to right, connected by a series of arrows. The frameworks operationally identify the content of each box. Events in one box are then assumed to produce events in the next box-in causal, sequential fashion. On the surface, the frameworks meet the "specified and sequential cause of events" feature stipulated by Springer and Phillips (1994), cited earlier.

Yet, from the standpoint of "explaining" how community partnerships produce the desired changes, tracking these events with the framework alone still leaves something to be desired. Left unclarified are the social and organizational processes that explain ***how*** (and ***why)*** partnership actions produce the outcomes they produce. The dilemma is depicted in part if a reader takes the customized framework in Exhibit 1 and closely examines the arrows. What particular sequence of actions is represented by the arrows? The monitoring and assessment of the events in each box appear merely as a staggered series of cross-sections. The actual process itself still appears to be hidden among the arrows, with the boxes merely being the end-states of each

successful (sub-)process. Successfully tracking the framework, in other words, still does not provide sufficient explanation to assist a program operator in understanding or replicating what has occurred.

Substantively, the dilemma is reflected if one (for argument's sake) assumes the completion of a successful evaluation, using an open-systems framework. One might find, given perfect data, that the predicted sequence of variables had occurred (and positive outcomes had been the result)., What would such observations nevertheless have ***explained?*** Would operational advice have been forthcoming to program operators on how to implement successful partnerships in the future, or would the results merely have suggested the "factors" and other correlates of successful partnerships? Larry Mohr (1978), in a seminal article given insufficient attention throughout the years, distinguishes these two conditions by labeling them "process theory" and "variance theory." Although both "explain" outcomes, the first type of explanation is substantive, and the second statistical. Thus, the perfect regression equation (a statistical explanation) might account for all of the variance in the relevant outcome measure, but the policy or practical advice to a program operator might still be difficult to discern or, at best, incomplete.

In a similar manner, without attempting to develop substantive explanations, an evaluation could assemble and test strengths of associations (as most statistical models do), arrive at conclusive results, and yet provide little insight to genuine causal flows and therefore little assistance to program operators. The purpose of this report is to press beyond this level of statistical explanation.

Examples of Substantive Explanations

Three brief examples illustrate more substantive "explanations" of how partnerships might work. None of the three is comprehensive-ranging from partnership formation to the evolution of prevention services to the production of community change. However, each has a small piece of this broad range and provides an illustration for the overall work that needs to be done.

Reasons for Joining Partnerships. The first example focuses on the motivations and incentives of individuals to join partnerships in the first place. The correlative or statistical explanation would be that viable partnerships require active and capable volunteers and participants. Such a relationship has been commonly claimed by nearly every evaluation model of partnerships (e.g., GAO, 1990; Mattesich and Monsey, 1992; CSAP, 1994; and Bailey and Koney, 1995). Yet, the simple observation of this correlation does not explain why people actually join partnerships in the first place. Moreover, there

appears to be a dilemma, labeled the "collective action" paradox by Mancur Olson, as reported by James Q. Wilson (Wilson, 19%):

- Why do people join collective efforts, if: a) they can ride. free on the efforts of others, and b) their contribution is so small that it is unlikely to change an organization's ability to attain its stated goals?

Program operators in fact commonly confront either of these "substantive" conditions-and the simple observation of the correlation brings no insight into the problem. What is needed are the insights provided by Olson's and Wilson's hypotheses about the process (even if the hypotheses were later found to be incorrect):

- People join to avoid social pressure-e.g., criticism from friends or associates (Olson); or

- They join to satisfy a sense of purpose-e.g., sense of duty,, a desire to learn about the organization, or reduction of a perception of threat (Wilson).

Only these types of explanatory (and not just correlative) hypotheses begin to provide substantive insight that also may be useful to program operators.

"Broken ***Windows" Theory.*** The second example attempts to connect prevention activities with social change. This theory was in fact practiced by Mayor Rudolph Giuliani of New York City as part of his administration's overt public policy during 1994-1996 and has been labeled as "broken windows" theory.

Simply put, the objective is to take action on what might otherwise be considered "superficial" environmental and social ills:

- Cleaning up streets;

- Prosecuting panhandlers and vagrants; and

- Giving out public fines when residents fail to maintain their houses, sidewalks, or lawns (Gladwell, 1995).

Giuliani's policies have been directed at many of these conditions, and during 1995-1996 the mayor claimed that subsequent and major decreases in New York City's violent crimes were in part attributable to his policies. Such

actions have always been possible and within the reach of available public resources. However, their value had been questioned because only superficial, symptomatic conditions were being given attention.

Nevertheless, according to "broken windows" theory, sufficient monitoring and high-visibility public attention to these conditions-linked with effective publicity explaining why the conditions reflect potentially deeper ills--is claimed to lead to residents' deeper understanding of the expectations of their behavior, if they are to stay in an urban place or a neighborhood. Residents not agreeing with the enforcement of these conditions are implicitly being encouraged to leave the urban place or neighborhood, or to change their behavior and attitudes. Overall, the attention to these visible signs is intended to produce a clear message about expected and acceptable norms.

Broken windows theory may be contrasted with alternatives that attempt to attack the "root causes" of the same ills. For the purposes of this report, the point is not whether the theory is better or worse than root causes theories. The main point is that a substantively explanatory set of events-not just a set of correlates-has been presented. Similar to this centralization is Skogan's (1990) emphasis on "civility" in public life. Although initially focused on explaining fear of crime, civility may seem superficial and not serve as crime, but Skogan believes that it forms part of the basis of fear of crime.

Theories about the Decline of *Nation-States*. The third example deals with broader societal change, in this case the downfall of the Soviet Union in the early 1990s—a landmark event in the history of the Western world. This example is selected because it shows an instance of truly macro-social change, even if the issue appears distant to the problem of community partnerships for prevention. In explaining the downfall, Collins (1995) claims the existence of his own five-fold, geopolitical theory that predated the Soviet collapse in 1993 and that predicted its occurrence. Essential were explanations such as the following three (of five) baseline conditions underlying the health and vigor of nations (including the Soviet Union), that:

- Populous, resource-rich states have a tendency to expand militarily at the expense of smaller and poorer states;
- States with enemies on fewer fronts expand at the expense of states with enemies on more borders; and
- States in the middle of a geographic region tend over time to fragment into smaller units.

Collins then goes on to claim that certain stress conditions led to the inability of the Soviet Union to continue fulfilling these baseline conditions: the disproportionate amount of military budget at the expense of civilian expenditures; an era of openness, permitting ethnic migrations across the Soviet bloc; and a mutual escalation in an arms race, instigated in large part by the policies of the Reagan administration. The stresses jeopardized the baseline conditions to the extent that the Soviet state suffered breakdowns: strains in taxation policy, price inflation, fiscal strains, and intra-elite conflict—eventually leading to the breakdown of the state. (Again, the particular theory is not the relevant point). Important for this report is the form of the theory, which is stipulated in substantive, causal terms, and not just as a series of correlates.

Summary. Each of these three illustrations shows how a combination of substantive actions, motives, and underlying forces all may be part of the fuller explanation of cause-and-effect relationships. Important is not the veracity of the illustrations but their form: A given action is operational (not just a correlate) and on the surface appears to offer operational advice on lhow the desired outcomes might have occurred. These types of explanations are the needed ingredients for better insights into the workings of community partnerships. The articulation and subsequent investigation of such explanations should therefore dominate any given evaluation of community partnerships.

The remainder of this report is devoted to reviewing literature that might provide insight into these explanations. In particular, the remainder of the report attempts to deal with two sets of linkages (arrows) in the original customized framework (refer back to Exhibit 1):

- How partnership actions produce community change (connecting box 4 with boxes 5, 6, and 7); and

- How partnership organizations undertake the needed actions in the first place (connecting boxes 1 and 2 with boxes 3 and 4).

Understanding these two linkages better will lead to a more substantive explanation of how community partnerships work. By addressing the customized framework in this fashion, the intent is not its dislodging but rather its enhancement. Moreover, the particular exercise in the remainder of this report is to extend, incrementally and modestly, partnership theory-reflecting the need, as in all theories, to present an explanatory logic or a chain of causation and not just a statement of correlative relationships (Sutton and Staw, 1995). Ultimately, the goal is to produce a theoretical, temporal

depictment of how the partnership process might unfold over time--or in the words of Sutton and Staw (1995), to produce "a story about why acts, events, structure, and thoughts occur." Their goal is similar to current trends in evaluation methods, which have increasingly emphasized "theory-based" approaches to evaluation (Bickman, 1990; Chen and Rossi, 1992; Yin, 1992; and Weiss, 1995) and which may be directly contrasted with impact-only or "black box" evaluation strategies. In this particular instance, the current report's goal is not to claim any definitive explanations for the operations of community partnerships for substance abuse prevention. The goal is merely to start the search for such explanations. The remaining sections of the report have as their major aim the development of a renewed theoretical and empirical foundation for developing explanations of how and why community partnerships might operate successfully, referencing the most recent research on community partnerships. The assumption is that the development of such a foundation will eventually result-at some future date-in a more definitive explanation of community partnerships.

As a final note, an extensive, recent review of evaluating crime prevention (Ekblom and Pease, 1995) presents a perspective that directly reinforces the current report. The authors of the review note that theory-based evaluations are one of two promising innovative strategies for improving future evaluations. The authors refer to a theory-based strategy for evaluation as *scientific realism"-a well-established approach in the philosophy of science (Ekblom and Pease, 1995, pp. 621-622). This view distinguishes "generative" causation (theorizing about causal ***mechanism)*** from "secessionist" causation (inferences based merely on the juxtaposition, or *correlation* of events:). Although their terminology is not cast in as plain English as one would desire, Ekblom and Pease's concepts on this promising evaluation strategy-expressed on behalf of a broad field such as crime prevention-mimic directly the present report's objective.

HI. PARTNERSHIP ACTIONS: HOW ARE THEY SUPPOSED TO PRODUCE COMMUNITY AND SYSTEMS CHANGE?

The three previous examples of substantive explanations should have whetted the reader's appetite for a fuller, substantive explanation of how community partnerships work. Instead of being satisfied with a statement of correlative conditions, the objective should be to begin to construct what can be said about the underlying social processes and operations whereby a community partnership attains community change.

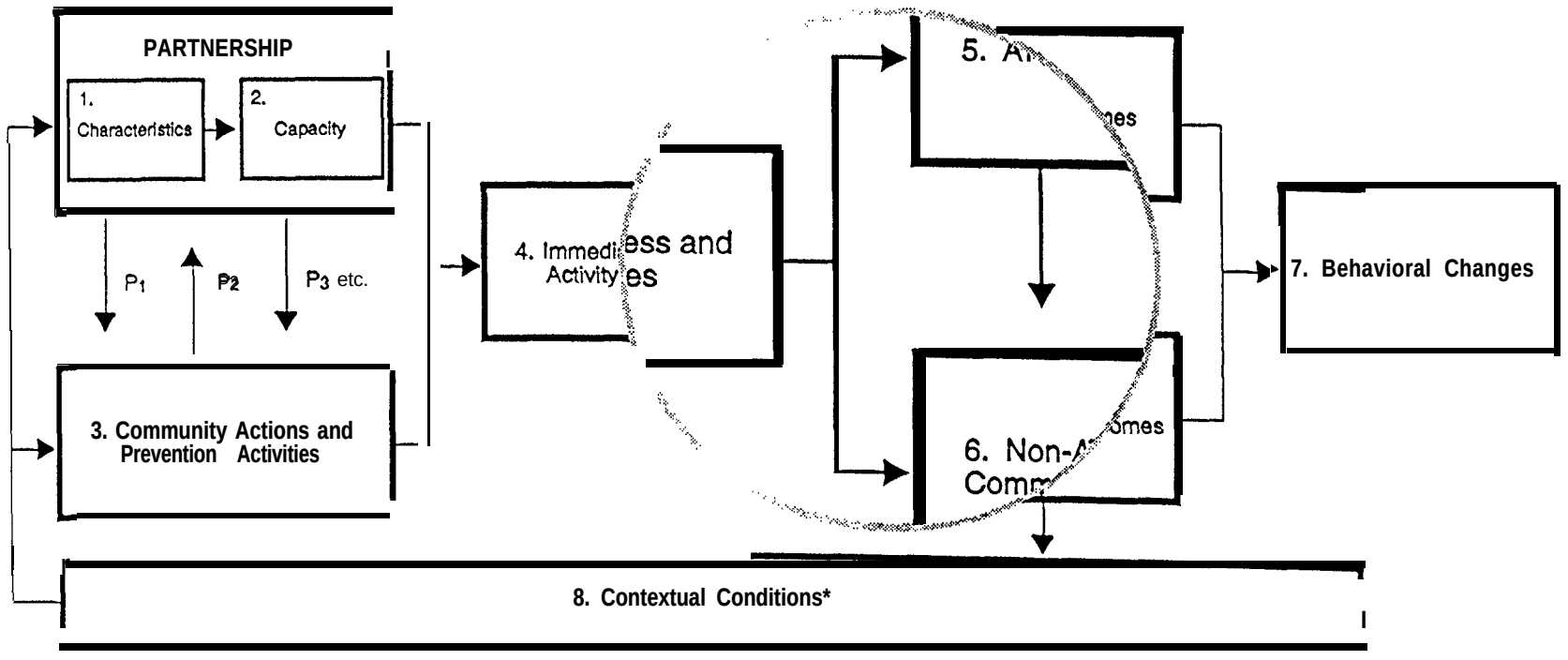
From a logical standpoint, the customized framework previously presented in Exhibit 1 would normally be read from left to right: Partnership organization leads to partnership actions and eventually to prevention. outcomes. However, from an evaluative standpoint, the priority is from dependent variable back to independent variable and thus assumes the reverse order in a diagram such as the customized framework-from right to left. The highest evaluation priority is the assessment of prevention outcomes, and then an explanation of what partnership actions led to such outcomes. Only when such explanations are found valuable is the further analytic question of the partnership organization that produced these actions deemed of any interest.

Thus, the initial discussion covered by this section of the report focuses on the arrows leading to the substance abuse and community outcomes in the customized framework (see Exhibit 2): the relationship whereby the immediate process and activity outcomes of community partnerships (box #4) create the desired outcomes (boxes 5, 6, and ultimately box 7). What advice would be given to a program operator to assure that these events occurred in proper fashion? What strategies would drive the priority-setting and resource allocations made by the partnership? These relationships form the heart of the claim that partnership actions produce community and systems change. Moreover, the need is to justify and explain the salience of a collection of community partnership actions, and not just individual actions taken in isolation.

With regard to possible explanations, the most frequent claim on behalf of community partnerships is that the implementation of a comprehensive set of activities, whether aimed at substance abuse prevention (e.g., Butterfoss, Goodman, and Wandersman, 1993) or community development more generally (e.g., Kubisch et al., 1995), is what produces the desired community and systems change. Yet, comprehensiveness again appears to be, on closer examination, a condition rather than an actual explanation. To develop more

Exhibit 2

RELATING PARTNERSHIP ACTIONS
TO PREVENTION OUTCOMES



Key

P_1, P_2, P_3 = Phase 1, Phase 2, Phase 3

* Other arrows from Contexual Conditions to all other components not shown

instructive explanations requires a broader view of community and institutional change theories. The subsections below start with this broader view, develop some tentative explanations, and then demonstrate how the same explanations underlie and are entirely consistent with the claims about comprehensive prevention strategies.

Community Change Theories

Theories of community change have commonly existed in several literatures, older and broader than that involving substance abuse prevention. The theories derive from works on such topics as socio-political models of community change, urban planning (environmental) models of neighborhood change, and other neighborhood change models. Historically, the theories have been related to such planned interventions or social changes as urban renewal, neighborhood redevelopment, community deveiopment, and efforts to increase neighborhood safety. Whatever their derivation or applicability, nearly-all models of community and systems change reflect, implicitly or explicitly, two alternative explanations for change. Each is discussed below.

Place- v. People-Oriented Theories. The first is based on an essential distinction between ***place*** theories of community change and impact and ***people*** theories of such change and impact (e.g., Reppetto, 1974; and Edel, 1980). This distinction permeates the main community intervention strategies from the 1960s to the 1990s, starting with the federal government's anti-poverty and model cities programs (e.g., O'Connor, 1995), and later incorporating the strategies for accomplishing residential crime prevention and other community goals. The distinction has to do with whether interventions are trying to change conditions in a geographic location (the "neighborhood") or conditions among a population group (also the "neighborhood," but more likely the "community").

If attention is devoted to geographical interventions, such as changes in the physical layouts of streets, in the built environment, or even in such amenities as the extent of street lighting, the intervention may be considered a "place-oriented" intervention. Such interventions were given prominent attention in:

- The urban planning work of Jane Jacobs (1961); and later
- Actual residential crime prevention interventions by Oscar Newman (1972) and the "CPTED" (Crime Prevention through Environmental Design—"*sep* '-ted ") research

supported by the U.S. Department of Justice's National Institute of Justice; as well as

- Other efforts at "environmental modifications" (Hope, 1995).

In contrast, if attention is devoted to a particular group of residents—e.g., the youths of the neighborhood, the intervention is considered a "people-oriented" intervention. Such interventions were given attention as a. result of many analytic claims, including:

- The sociological work of such persons as Gerald Suttles (1972); and eventually reflected in .
- A variety of social programs oriented toward specific population groups (e.g., minority youths, disadvantaged populations, or the elderly), especially as sponsored by the federal government's Department of Health and Human Services and its state and local counterparts.

Either type of intervention has limitations and therefore weaknesses. The problem with place-oriented interventions is that the physical environment might have been improved, but new residents might move into the neighborhood and produce new problems independent of these environmental changes. A second-order problem with place-oriented interventions is physical displacement-one environment may have been improved at the expense of another's deterioration because the "problem" is being pushed around. However, the problem with people-oriented interventions is that the targeted people keep shifting, requiring repeated interventions. For instance, prevention aimed at third graders must be repeated every year. Worse, people also can migrate-moving away from the neighborhood, thereby diffusing the apparent effects from the intervention. Years ago, Hirschman (1970) wrote about "exit and voice" as two ways residents could combat a neighborhood's ills. "Exit" meant to move away; "voice" meant to join collaborative actions within the original neighborhood. The conclusion of the article was that many more residents than we might expect select "exit" as the desirable action. Empowering people therefore takes the risk that the benefits of their empowerment will be derived in some other place than the original neighborhood of concern.

An important initial supposition, for the current report, is that successful actions by community partnerships must include either place- or people-oriented strategies. Even if the partnership's formal strategic plan does not label these two strategies as such, a partnership defines its position implicitly

when selecting its specific substance abuse prevention programs-because certain prevention programs tend to be place-oriented, whereas others tend to be people-oriented. For example, one might consider a street-oriented intervention (busting drug markets) to be place-oriented and a youth-oriented intervention to be person-oriented.

The strong possibility-and therefore a hypothesis entertained throughout the remainder of this report-is that the most successful prevention strategies must include a coherent collection of ***both*** place- and people-oriented interventions. Not surprisingly, a common focus of ATOD prevention programs-the local school system or corrmumity-based organizations (CBOs)—do have this feature. School and community organizations are *place* defined, because of their static locations. At the same time, targeting specific programs in these places that serve people also means targeting a specific set of *people* (in general, youths within a certain age range). Similarly, some initiatives-such as grassroots initiatives for health and housing within the same initiative (Chavis and Florin, 1990)—represent a meaningful combination of both place- and people-oriented activities.

The possible importance of ***place-*** versus people-oriented programs also suggests the beginning of a potentially important typology for distinguishing community partnership strategies. In this case, there could be three types:

- Place-oriented partnerships;
- People-oriented partnerships; and
- Partnerships that are both ***place-*** and people-oriented.

An Illustrative Example: Explanations of Neighborhood Change. The potency of combined place- and people-oriented changes appears to be the dynamic underlying what is known about existing neighborhood change. Such forces have been identified in relation to "tipping" (declining) neighborhoods, or "gentrifying" (upgrading) neighborhoods and neighborhood revitalization (e.g., Ahlbrandt and Brophy, 1975). The forces equally focus on people (the residential population of the neighborhood) and place (the physical infrastructure of the neighborhood). A compelling logic would be that prevention programs aimed at genuine community change must therefore bear some resemblance to the same combination of forces.

For example, whichever the direction of neighborhood change, tratditional theories attend to at least three sets of forces (Goetz, 1976; and 1979; and Public Affairs Counseling, 1976):

- The condition of the housing stock and its pricing (age of stock, and need for repairs or demolition and rebuilding);

- The composition of the residential population in the neighborhood (and their family income level and number and age of unsupervised children or number and age of elderly persons); and

- Market perceptions of the neighborhood (affected in part by its location relative to other neighborhoods, and comparison to other neighborhoods and whether the neighborhood is considered attractive).

Classifying the three conditions, it is evident that housing is a "place" condition, and the resident population is a "people" condition. Market perceptions constitute an explicit recognition of one of the normative aspects of the neighborhood. These surface conditions all interact with other important systems changes (e.g., real estate investment behavior by banks, landlords, and developers; changed delivery of public services; and insurance and lending policies).

Continuing with the example, it is to be noted that a stable neighborhood can be one with a deteriorating housing stock-if the residential population group is stable and market perceptions value the neighborhood in some sentimental fashion (many cities have such neighborhoods). The explanation of these conditions is that the stable residential group values its continued location in the neighborhood (due to tradition) and also has the marginal resources to keep the housing infrastructure at acceptable levels, even. though the housing stock is old. Investment and insurance policies must, however, also be unchanging or supportive. Herbert Gans's classic case study of ***The Urban villager*** (1962) represented such a neighborhood in real life, located in Boston, Massachusetts.

In contrast, a gentrifying neighborhood would be one in need of major repairs or rebuilding (but with certain architecturally attractive features among the remaining stock) and with an influx of resourceful residents (with few children) and a market perception that the neighborhood has a valued location-e.g., close to white-collar jobs (many cities also have such neighborhoods). The explanation of these conditions is that resourceful residents act as urban pioneers (renovating the housing stock with their own physical skills). When their work is successfully underway, other resourceful persons move into the neighborhood, spurring yet additionai capital investment

in the neighborhood, even though these newcomers may not have the physical skills as did the pioneers.

In a similar vein, the three conditions (housing stock, population, and market perception) and the concomitant systems changes also can be used to explain other types of neighborhood changes. Both the "type" of neighborhood and the likely transitions over time can be explained by some combination of the three conditions and how they interact. As a result, this illustrative example demonstrates the feasibility of producing a rich array of genuine explanations (how and why the processes produce the outcomes). In fact, this particular combination of three forces (structural conditions, population shifts, and market perceptions) has been found attractive enough that the same combination also has been used to explain changes in smaller components within a neighborhood-e.g., a public housing project, a high school, or even a park or recreation area.

Institutional Change Theories

In contrast to ***place-*** versus people-oriented theories, a second common theme emerging from the literature emphasizes the need to change local institutions or the social "infrastructure" of a community: its public service organizations, private enterprises, faith institutions, volunteer organizations, and other civic associations (Chavis et al., 1992). Institutional change is the implicit goal when supporting the passage and later implementation of public and private policies. The declaration of an "empowerment zone," as in current urban redevelopment initiatives supported by state and federal government, along with special tax incentives or options as well as distinctive policies for delivering public services, would be considered an example of planned institutional change. The design of the Community Partnership Program recognized the importance of large community institutions by requiring the participation of at least seven of them, including the local general purpose government.

Institutional roles and dynamics have been a central interest of modern sociological and psychological thought (e.g., Dewey, 1984; Durkheim, 1959; Lewin, 1948; Parsons, 1951; Nisbet, 1966; and Coleman, 1990). In formal sociological terms, an institution is "a pattern of expected actions of rnore powerful individuals and groups enforced by social sanctions, both positive and negative" (Bellah et al., 1991). Institutions range from simple customs such as a handshake to the more powerful social institutions of family, government, education, faith organizations, and residential community (neighborhood). Societies consist of institutions that operate as sub-systems by forming social

structures that perform specific functions in order to meet social needs (Parsons, 1951).

At the community level, Berger and Newhaus (1977) called these institutions mediating structures. Mediating structures are defined as "those institutions standing between the individual in his private life and the larger institutions of public life" (Berger and Newhaus, 1977; p. 2). Large institutions such as government or industry were considered alienating. Mediating structures connect us and provide meaning. Families, schools, neighborhoods, and faith organizations-according to Berger and Newhaus (1977)—are the value-generating and value-maintaining agencies in society (p. 6).

Norms (Mizruchi, 1967) are the rules for behaviors sanctioned by institutions and are the expectations of what people "ought" to do in certain situations (versus the factual order, which is what people actually do). The abuse of alcohol, tobacco or illicit drugs is considered to be greatly influenced by norms. Mizruchi and Perrucci (1967) differentiated between prescriptive and proscriptive norms. *Prescriptive* norms are flexible. They:

- Allow the individual variation in applying them;
- Are symbolic and ritualized (such as the religious or cultural use of alcohol); and
- Are connected to other norms in the larger social system.

Proscriptive norms are inflexible (behavior is either compliant or deviant). They:

- Focus on very specific acts;
- Require no interpretation; and
- Have no functional relationship with other norms (e.g., "Just say no").

Mizruchi and Perrucci believed that Jews and Italians had highly prescriptive norms regarding alcohol use in comparison to Mormons and Methodists, who were characterized as having highly proscriptive norms. Those whose normative use of use of alcohol was prescriptive, but whose actual or factual order was deviant, had lower levels of pathology than those who deviated from highly proscriptive norms.

Institutional change theories assert that social problems increase when institutions are misaligned with human or larger societal needs. For a variety of reasons, institutions can fall out of alignment with human needs;, as they transform to meet internal and external demands. Social theorists:, such as McKnight (1987), see these institutions as then contributing to the social needs that they were formed to meet. Examples include educational practices that impede learning, prisons that create criminals, and health policies that foster illness. Some forces bring institutions back into alignment with human needs. General systems theory would describe it as feedback. The greater the responsiveness of the institution to individual needs, the greater the: influence the institution has on the individual. When the more established institutions inadequately meet the needs of those dependent on them, alternative institutions develop. Often they develop "deviant" norms from the larger system-because the norms of the larger systems do not meet their needs or symbolize a set of behaviors that they reject.

Institutional Change ***and Substance*** Abuse. The prevalence of substance abuse is considered by some to be the result of the failure of societal institutions to adjust resources and their capacities to avoid victimizing naive individuals (mostly the very young) into the abuse of substances. According to this perspective, the prevention of substance abuse would require changing the more powerful institutions. Actions might include:

- School-community initiatives to foster drug-free norms among young persons;
- Collaboration with faith and health service organizations;
- Prevention in the workplace;
- Changed commercial practices and the sales of drugs to underaged youths, whether by stores or bars; and
- Stricter law enforcement.

Alternatively, the institutional perspective suggests that substance: abuse could be reduced if the effectiveness of local community organizations—reflecting the local democratic institutions considered unique to American society since its beginning (deTocqueville, 1969)—were increased.

For any of these institutional situations, community partnerships form the structure for developing the capacity of member organizations to prevent substance abuse collectively. Partnerships perform functions that increase resources and improve internal and external capacities (e.g., fundraising,

planning, training and technical assistance, and organizational development). Partnerships build and change institutional capacity because they provide the structure to bring institutions together, rather than attempting to build capacity individually. Partnerships also enable institutional leaders to better respond to their constituency's needs and aspirations. Thus, leaders from the most local mediating structures (e.g., parents, civic, faith, and school) and larger institutions such asgovernment, business, social and health care, can use the partnership as a structure for aligning community institutions with the needs of the community (Chavis et al., 1992).

An institutional change strategy therefore emphasizes initiatives generated from among partnership members directly, rather than from the partnership in the form of a series of prevention "activities." This focus distinguishes the institutional change approach from the earlier community change theories.

An Illustrative Example:* Changes *in the Institution of the "School." No major community institution over the last several decades has been subject to more scrutiny and dissatisfaction than schools. Public schools have. been accused of failing to adapt to changing environments (e.g., economic, political, cultural, and labor market needs) as well as changes among participants in the institution (i.e., students, parents, teachers). The School Development Program created by James Comer and his colleagues at the Yale Child Study Team (Comer, 1980; and 1988) is an example of an institutional change strategy- intended to bring schools into alignment with their environment and participants. Their strategy is to reorganize the authority, structure relations, norms, and roles. The strategy has been shown to be effective in aiding schools in attaining their educational, social, and civic goals (Cauce, Comer, and Schwartz, 1987; and Comer, 1988). The School Development Program began with two elementary schools in the inner city of New Haven, Connecticut in 1968. The program is now being implemented in over 150 schools throughout the country.

At the heart of this strategy is the realization that it is not only the function of schools to educate, socialize students and develop citizens, but also to support child and family development. Schools need not only worry about whether the child is prepared for school, but schools also must concern themselves with being prepared for their students. The School Development Program has three main components that change the structure of the school: a governance and management team, a mental health team, and a parents program_ These components are responsible first for identifying school-wide goals and needs, curriculum, in-service training, school climate (e.g., policies and norms for behavior by all, not just students), program implementation, resources, and evaluation. Then, the components also implement the needed activities.

This program changes the roles played by parents, teachers, and community services in schools. The authority, status, and power within the school of these groups are changed, especially for parents. The involvement of community services in governance and management team, as well as the existence of a mental health team changes the relations among institutions. As a result, the School Development Program changes norms, values, and even the ways "deviance" is addressed. Comer (1988, p. 45) describes some of these changes, as follows:

> Schools implementing the School Development Program are characterized by an atmosphere of informality and enthusiasm. There is an attitude of mutual respect among administrators, teachers, and other staff members, students, and parents. Parents are visible at the school in a variety of roles-as members of the governance and management team or the mental health team, working as aides or tutors in classrooms, and helping to sponsor and carry out social events. . . . The entire school climate is conducive to orderliness, cooperation, collaboration, and learning.

Public Policy Changes as Examples of Institutional Change. A second "example" is comprised of the numerous public policy changes that may be undertaken to deal with substance abuse prevention. These policy changes include local ordinances, regulations, and other procedures that control the activities of local institutions such as the public agencies, residential groups, and commercial entities in a community. Exhibit 3 contains an illustrative list of the many possible policies and regulations.

Comprehensive Prevention Strategies

One of the main rationales for community partnerships is their potential ability to undertake comprehensive prevention strategies. in turn, comprehensive strategies are assumed to be more effective in producing the desired outcomes than singular prevention activities. Such assumptions about the desirability of "comprehensiveness" also appear to permeate several types of interventions, including initiatives aimed at:

- Improving the whole community (e.g., Kubisch et al., 1995);
- Changing neighborhoods and families (e.g., Chaskin and Joseph, 1995); or

Exhibit 3

PUBLIC POLICIES AND REGULATIONS IN SUPPORT OF SUBSTANCE ABUSE PREVENTION

A. Community or **Neighborhood Related** Policies

1. Curfews
2. Parking or automobile use (e.g., anticruising)
3. Use of public parks or other public spaces; signs in public spaces
4. **tiousing** policies--e.g., code enforcement, boarding, demolition

B. Law enforcement **and Criminal** Justice Policies

5. DUI-, DWI-, BAC-related ordinances, including fines and penalties
6. Changes in drug-related violations, misdemeanors, and felonies, including zero tolerance laws and juvenile gun ordinances
7. Drug courts or other court-related changes; fines from drug convictions used for prevention activities
8. Changes in corrections system (probation, parole, etc.)

C. School Policies

9. Drug-free schools; gun-free schools; other bans such as beepers
10. School suspension policies
11. Drug Testing

D. Workplace Policies

12. Drug-free workplace
13. EAPs
14. Drug testing (pre-employment or employment)

E. Commercial Marketplace Regulations

15. Licensing or certification (e.g., liquor licensing; key registration)
16. Sales limitations or penalties (e.g., sales to underage youth; spray paint sales)
17. Changes in commercial drug sale regulations (e.g., over-thecounter drugs)
18. Changes in insurance coverage or eligibility
19. Excise, sales, or other taxes aimed at making drug products less accessible

- Focusing on community crime prevention (e.g., Yin, 1977 and 1979; and Ekblom and Pease, 1995).

Historically, comprehensive initiatives have been supported both by major foundations and by federal agencies, with one of the earliest efforts--the Ford Foundation's Gray Areas program in the 1950s—leading directly to one of the boldest federal programs-the community anti-poverty program in the 1960s (O'Connor, 1995).

Conditions of comprehensiveness have therefore been considered an integral part of the "process" of community partnerships. Yet, an essential question bears on the definition of comprehensive prevention programs and the actual ways that they impact on (explanations for) partnership outcomes. There has been little discussion of the ways that comprehensive strategies produce the desired results. Taxonomies of comprehensive prevention activities have commonly existed (e.g., Linney and Wandersman, 1991; and Mitchell, Stevenson, and Florin, in press). These taxonomies usually reflect the diversity of prevention activities, such as: increasing knowledge or awareness of the consequences of substance abuse; building skills and competencies to resist using substances in the first place; or increasing the involvement of parents and family in prevention activities. Yet, none: of these research treatments, in substance abuse prevention or community initiatives more generally, have provided any insight into the particular collection of activities that must be included in a comprehensive strategy, or how "comprehensiveness" operates to be successful. The implicit message from this research is that a community should try to alter and coordinate every facet of itself, aimed for instance at reducing all risk factors and promoting all protective factors (e.g., Hawkins, Catalano, and Associates, 1992). Such a "theory" of comprehensive prevention programs can be checked through a correlative analysis (the more activities, the more successful the predicted outcomes), but more meaningful explanations are still required. Such explanations also could help program operators in those communities that could not afford to do "everything."

A major contention of this report is that the numerosity of activities is not the critical dimension, but that there are two processes that are needed to pursue comprehensive prevention strategies:

- The first is to engage in a combination of prevention services that have both ***place-*** and person-initiatives; and

- The second is to support institutional change within the community.

In other words, the more that the entire institutional change strategy is coordinated with the mounting of prevention activities that are both ***place-*** and people-oriented, the more effective will be the prevention outcome. Therefore, the complete operational definition of "comprehensive" prevention strategies embraces both the community change and institutional change theories. Further, within the institutional change strategy, policies and regulations need to be implemented that will affect the widest array of local institutions. The more that policies and regulations affecting different institutions are deliberately coordinated ***across*** institutions, the more effective the prevention outcome.

Illustrative Example: GAO Study of Promising Partnership Programs. Potential reference to these two alternative strategies may be inferred from a GAO study (U.S. GAO, 1992) of a large group of community partnership programs working with rural or urban youths aged 10 to 13 years (the study was not limited to the Community Partnership Program supported by CSAP). The study first defined promising programs as those that were judged to be on the way to producing the desired outcomes. (However, no real outcome data were available or analyzed.) Then, the analysts examined their common features of the programs that had attained this status. Six such features were identified:

1) A comprehensive strategy;

2) An indirect approach to drug abuse prevention;

3) The goal of empowering youth;

4) A participatory approach;

5) A culturally sensitive orientation; and

6) Highly structured activities.

Note again that such a list works readily as a list of correlates that can be tested, and the list nearly comprises an explanation-but additional process information is still needed to convert the list into a useful tool for program operators.

For the present discussion, the most important item is the first feature (the other features might be considered characteristics of promising prevention programs more generally, not just those using a community partnership approach). The **GAO** report did not fully clarify how (or why) comprehensive strategies were so important, but the report elaborated on the concept.

Comprehensive strategies were described as ones that focused on youth, and on at least "five different areas of youths' lives" (U.S. GAO, 1992, pp. 24-25):

1) Youths as individuals;

2) Youths as members of families;

3) Youths' peer groups;

4) The school; and

5) The community.

This definition of a comprehensive prevention program is different from one that merely defines comprehensive programs as a large number of diverse prevention activities. The definition also can be interpreted as following both ***person-*** and people-initiatives.

Note that of the five different "areas," the first three are person-oriented and the last two may be interpreted as being place-oriented. The inferred, underlying assumption is therefore that GAO's "comprehensive program" is one aimed at all aspects of a particular group's lives, providing repeated reinforcement for the same prevention message and guidance (and working against the typical "mixed" messages of contemporary society). Presumably, the goal is not only to target specific youths and change their attitudes and behavior, but also to change the entire "youth culture." Such a culture is defined by the people and institutions coming into contact with youths, as well as the expectations and norms for youth behavior.

GAO's elaboration begins to suggest an explanation of how a comprehensive prevention program might work, but important ingredients are still missing and need to be inferred. At a minimum, there are two more areas of youths' lives that must be affected by any truly comprehensive strategy. Both areas cover institutional changes, which are absent from the first five. Thus, a sixth area would be to influence the work of the mass media and the entertainment (and possibly toy) industry, and a seventh area would be the sales and distribution policies (and marketing practices) of the alcohol and tobacco industries, with regard to their impact on youths. In summary, actions in all seven of these areas are to be melded together and would together represent a more compelling version of comprehensive prevention.

Another Illustrative Example: A "Substance Use" System. Saxe et al.'s ongoing (1995) evaluation of Robert Wood Johnson's Fighting ***Back*** program at 14 sites across the country provides another example of comprehensive

prevention strategies that implicitly cover place- and people-oriented dimensions as well as institutionalized change. The authors speak of a community-based, substance use system-a real-life social system that supports, fosters, and produces substance abuse. Admittedly, the authors start their insights into such a system on the basis of a correlative analysis. However the ultimate goal is to understand the workings of such a system and then to design comprehensive strategies to change and then destroy this system.

The presumed substance use system appears to tie interpersonal and individual attitudes and behavior (person-oriented) within a community (place-oriented) in the following manner. People who binge drink or use (drugs are reinforced by their own tolerance as well as their tolerance of others who might commit the same actions. The proximity among all of these people, because of their location within the same community, means that these people are likely to know each other or otherwise be part of the same friendship groups. Further, because the community also is the scene of drug-dealing, the very same people also will be reinforced in their behavior and attitudes by observing drugs being sold in the neighborhood. The entire system therefore consists of:

- The relative ease of getting drugs;
- Seeing drugs commonly being sold;
- Knowing persons who binge drink or use drugs;
- Using drugs oneself; and
- Having an overall attitude of mutual tolerance for all of this behavior (Saxe et al., 1995, pp. 36-50).

Given this scenario, the role of comprehensive prevention strategies is to aim at the entire substance use social system. The authors note that changing such systems (as with changing neighborhoods) is a difficult and slow process, but no overall prevention strategy is offered. However, given the interconnectedness of the substance abuse system as described, any presumably effective prevention strategy is likely to require both community change (people and place) and institutional change (local laws and regulations).

Primary Prevention Revisited. Another way of thinking about comprehensive prevention programs is to consider their presumed albility to fulfill the broader scope required by primary prevention-which, according to public health theory, should deal with the environment, the host, and the transmitting agent, to eradicate effectively any given public health problem.

For substance abuse prevention (CSAP, 1989), the domains of possible prevention actions are therefore seen to include a whole variety of environmental influences, interpersonal and societal influences, and individual influences (see the three major arrows in Exhibit 4).

The exhibit, developed by CSAP, shows that the breadth of influences on substance abuse-from a totally complete primary prevention perspective-goes well beyond the local community, as the relevant environmental forces include national markets, federal laws, and society-wide mass media.

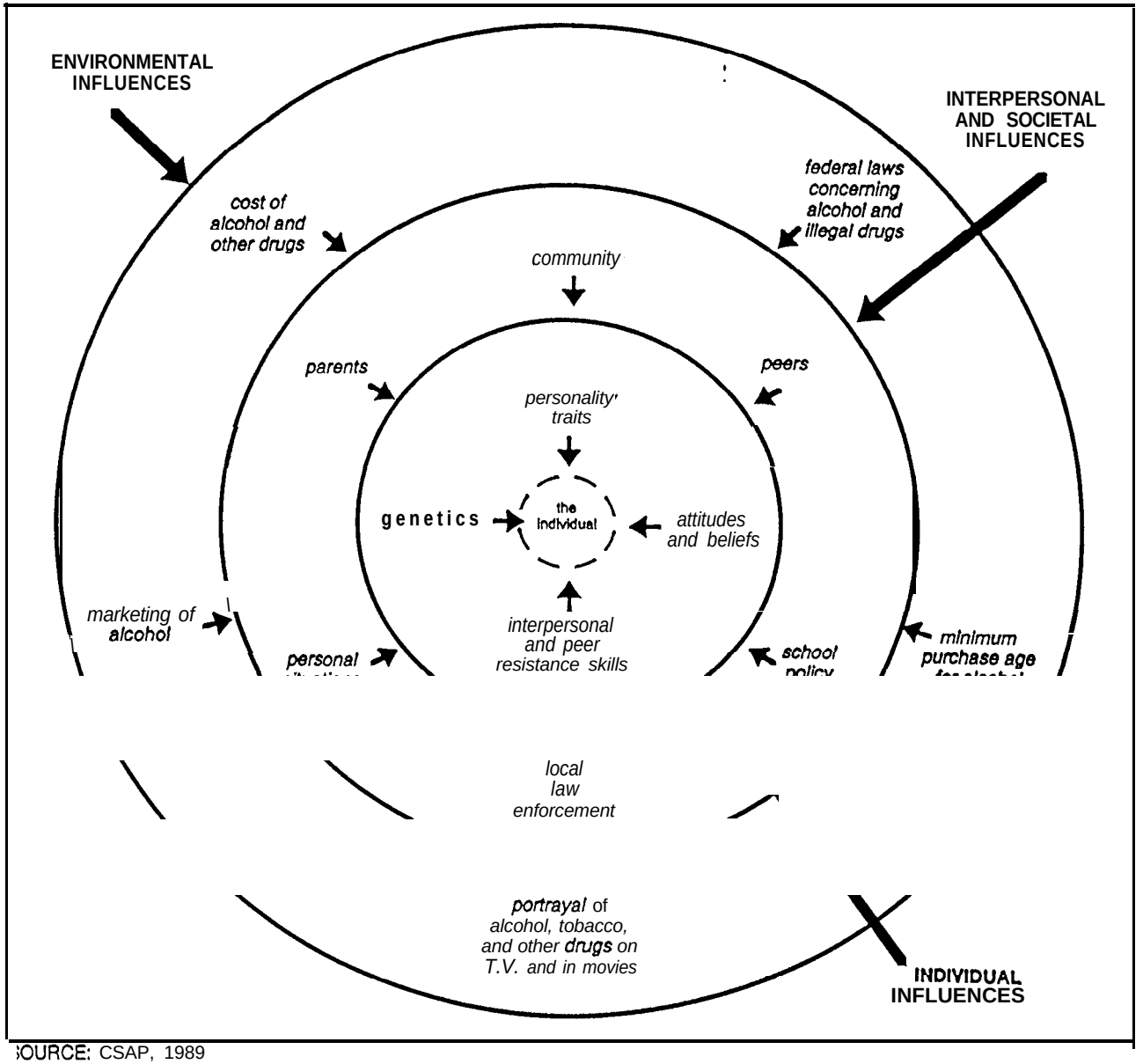
Not addressed by the exhibit or its original discussion by CSAP was how these areas of influence were to be covered as part of a comprehensive prevention strategy (in fact, the title for Exhibit 4 in its original source was "*factors* that influence alcohol and other drug use" [emphasis added]). However, it can now be seen that the illustrative areas of influence in Exhibit 4 all readily lend themselves to prevention actions that will in the aggregate be a combination of place- and person-oriented initiatives and institutional changes. The compatibility of these two strategies with the primary prevention model further corroborates the relevance of these concepts for representing comprehensive prevention.

Summary

This section of the report has focused on the problem of how the actions of community partnerships might be presumed to produce community and systems change. The main goal has been to identify and expand upon operational explanations, showing how and why the actions work. Concepts and examples from a broader literature of community change and institutional change suggest that the important actions need to cover either of two strategies: 1) community change activities emphasizing both ***place-*** and *people-*oriented initiatives, or 2) policy and regulations as instruments of institutional change. Borrowing these concepts, the section then reviews substance abuse literature on the characteristics of comprehensive, community-based prevention strategies, whose implementation is claimed to be the main benefit of community partnerships. The review suggests that the concepts help to operationalize, in a preliminary manner, the essential ingredients of comprehensive prevention strategies, thereby leading to the development of more insightful explanations for the most important part of the linkage between partnership processes and outcomes-how and why partnership actions lead to the desired prevention outcomes.

Exhibit 4

A PRIMARY PREVENTION PERSPECTIVE



SOURCE: CSAP, 1989

IV. PARTNERSHIP ORGANIZATIONS: HOW ARE THEY SUPPOSED TO PRODUCE THE DESIRED ACTIONS?

Assuming that the preceding section has begun to reveal genuine explanations of how community change and institutional change lead to the desired prevention outcomes, the need then arises for understanding how partnership organizations are to create these changes-or actions-in the firstplace. As previously noted, this second inquiry moves further to the left or causally earlier portion of the customized framework, focusing on an "earlier" set of arrows-those connecting boxes 1 and 2 with boxes 3 and 4 (see Exhibit 5).

Again, the important goal is to seek explanations, going beyond the mere stipulation of correlates. The correlative approach can be illustrated three ways._ .The first is by a conceptual framework of partnership organization produced earlier by the National Evaluation of the Community Partnership Program (CSAP, 1994). Such a framework was important in developing an initial set of operational concepts about partnership organizations, and the framework is shown in Exhibit 6. The exhibit shows how the framework links:

1) Community characteristics with;

2) Partnership functioning; and

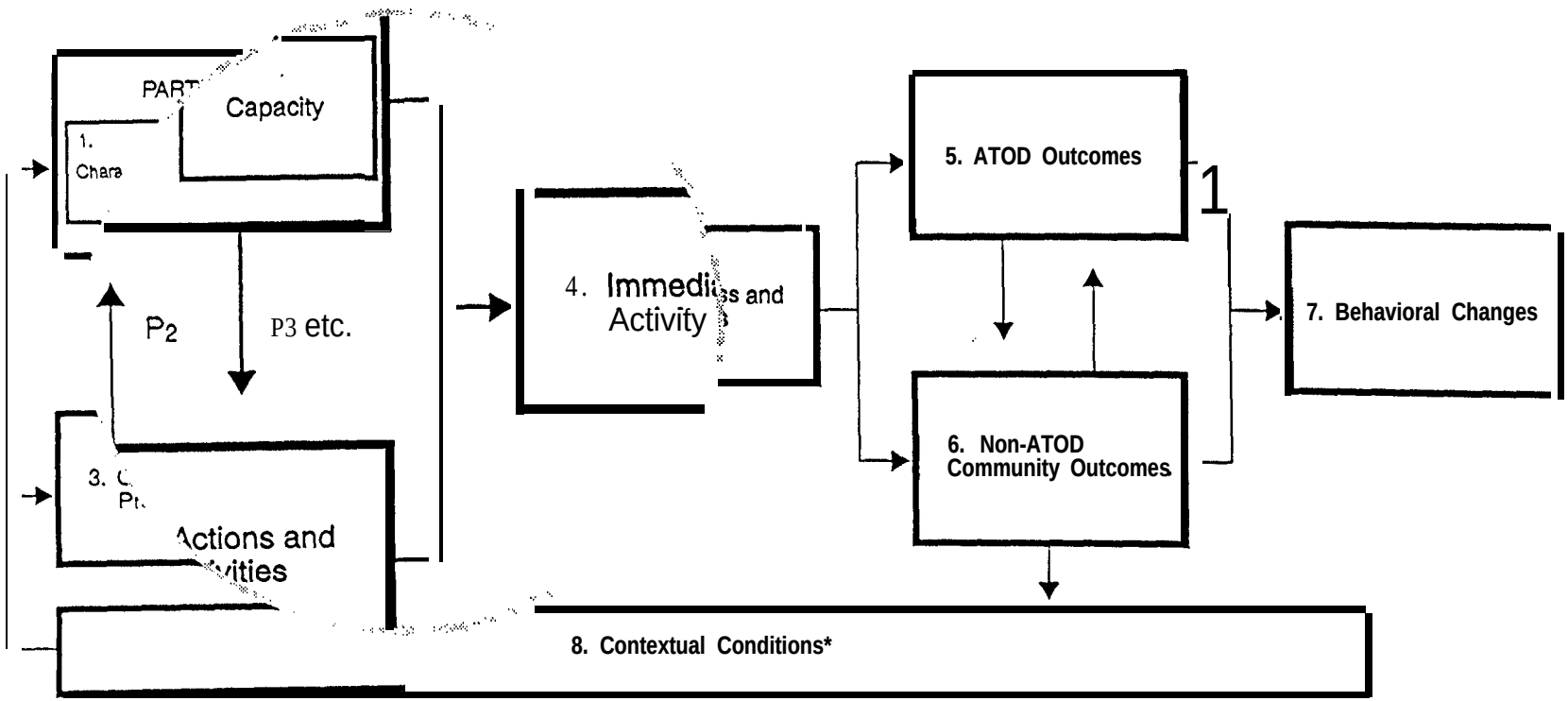
3) Partnership members' recruitment, cooperation, and satisfaction.

Positive relationships among these components are supposed to lead to the desired partnership actions or intermediate achievements (which are the. "outcomes" for this framework): 1) progress toward the partnership's goals (the selection and implementation of appropriate substance abuse prevention activities), and 2) the generation of resources.

In the earlier National Evaluation, the discussion of this model had largely been in correlative terms. For instance, focusing on the rightmost relationships in Exhibit 6, "member cooperation and satisfaction" is predicted to be associated with the attainment of intermediate achievements (progress toward goals and resource generation). However, no substantive lines of explanation are evident. For instance, what actions, taken by members (even given their cooperation and satisfaction) lead to the progress toward goals or

Exhibit 5

RELATING PARTNERSHIP ORGANIZATION
TO PARTNERSHIP ACTIONS



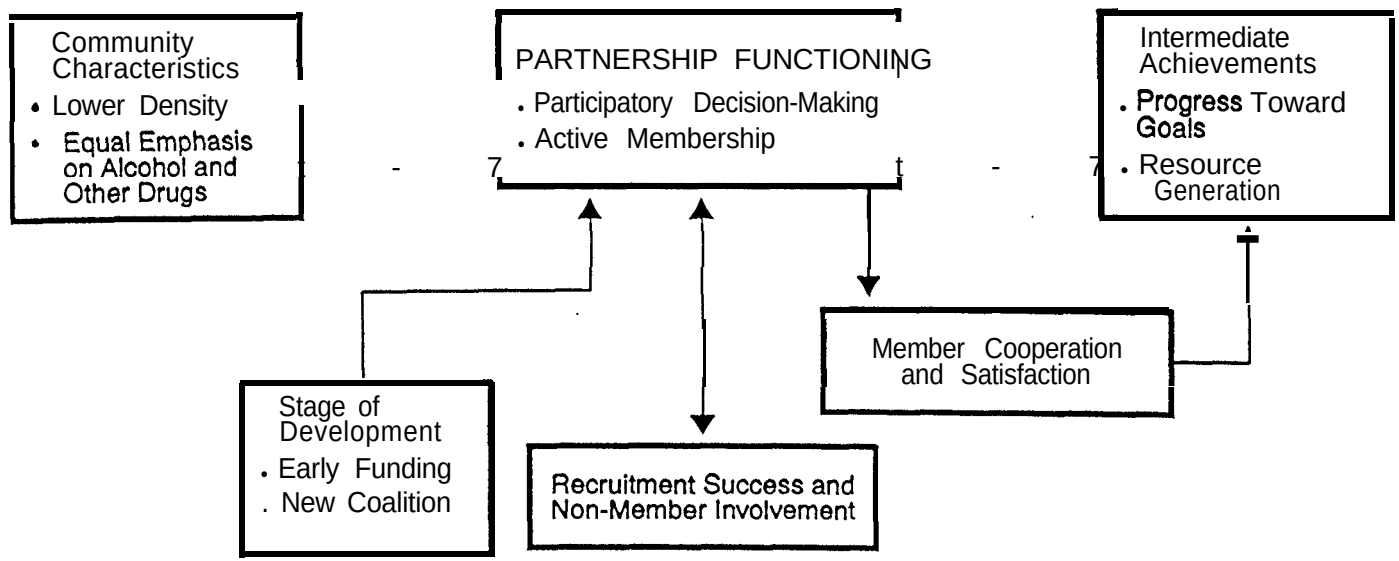
Key

P_1, P_2, P_3 = Phase 1, Phase 2, Phase 3

* Other arrows from Contexual Conditions to all other components not shown

Exhibit 6

A PRELIMINARY MODEL OF PARTNERSHIP FUNCTIONING



SOURCE: CSAP, 1994

generation of resources? Are the members presumed to work toward the goals and generate the resources themselves, or are the members only to be supportive of staff efforts? Is the work of all the members essential, or are some members more important than others? From a graphic perspective, the arrows again appear to bear important secrets but were not addressed.

As a second example, a similar dilemma arises regarding the major organizational benefit traditionally claimed for community partnerships in substance abuse prevention: their ability to engage widespread community involvement (e.g., Mattesich and Monsey, 1992; and Butterfoss, Goodman, and Wandersman, 1993). The importance of such involvement also has been repeatedly found in the related field of community crime prevention. Hope (1995) for instance, cites "the belief that the solution to neighborhood crime problems can be achieved primarily through the self-help efforts of residents" as the single consistent theme that permeates the voluminous crime prevention efforts of the past half century. However, left unclarified is how this key ingredient works to produce the desired partnership actions. Some preliminary insights based on specific cases of partnerships are cited below.

A third example comes from the most recent survey of community partnerships in substance abuse prevention conducted by ***Join Together*** (1996). The survey covered 1,910 partnerships and found that "written strategies and equal participation by lay people and professionals are key markers of coalitions that have been able to report success in their communities" (p. 25). Moreover, findings showed that, the more comprehensive the strategy, the greater the frequency of success in various areas. Although these correlative conditions are extremely appealing, on the surface, as features of partnership organization that produce successful partnership action, operational guidance on how to make the features work is still absent.

To lay a solid foundation, a broader array of research and theory from related fields is again worth examining, to begin explaining how partnership organizations produce the desired partnership actions. In particular, two lines of such research appear relevant. The first deals with voluntary community interventions and the second with community-based, planned experimentation. Each is discussed in the remainder of this section of the report.

Voluntary Community Intervention

Voluntary community intervention may be considered the basis of CSAP's community partnerships. Although partnership funding and mandates come from an external source (CSAP), the partnership has been voluntarily formed by a community (and the formation of many of the partnerships predated the

onset of CSAP funding), and the partnership's organizational activities rely heavily on the voluntary participation of its members. Further, the. partnership itself (voluntarily) designs and implements interventions, or the partnership's "actions."

Three ***Modes*** of ***Voluntary Community Intervention***. Based on an extensive review of the literature and his own long years of experience with community interventions, Jack Rothman (1995) has contributed an insightful taxonomy for understanding (and beginning to explain) the workings of partnership organizations. The taxonomy starts with three ideal "modes" of community interventions. The three ideal modes are then cast into multiple combinations, producing yet further options that also happen to capture the essential strategies of a variety of real-life community interventions.

Rothman's three modes work in the following manner. First, a *locality* ***development*** mode assumes that a partnership's organizational goal and tendency is to encourage broad participation, with leadership from within the community. This type of partnership is intensely concerned with advancing the general education and nurturance of its individual members. Its aim. is to benefit the total community by fostering economic and social progress. The broad participation means that meetings, negotiations, and a norm of:

- "Let's all get together and talk this over."

permeates the partnership. Process goals are important in carrying out the business of the partnership.

Second, a ***social planning/policy*** mode assumes that major partnership choices and actions are data driven, reflecting the design of formal plans and policy frameworks. Partnership members (or at least partnership staff) have the technical competencies for gathering and analyzing data, and the partnership as a whole is driven by task rather than process goals. Tlhe prevailing norm is reflected by the exhortation:

- "Let's get the facts and think through the logical next steps."

Needs assessments are typical planning activities. The successful partnerships may benefit the total community. However, they also may benefit a functional subpart of the whole community, such as a specific service population, with the successful outcomes being problem-solving about a single community condition such as juvenile delinquency, housing, or mental health.

Third, a ***social action*** mode assumes that a partnership is an organization of an aggrieved or disadvantaged segment of the community. Therefore, this segment also is to be the main beneficiary of a successful partnership. The partnership must assume a militant advocacy posture with regard to its goals and tactics, using constant coalition-building strategies to unite different segments and keep them from splintering. The norm of

- "Let's organize to overpower our oppressor and change the system."

prevails within the partnership, and successful outcomes generally produce change in legislative mandates or institutional policies and practices. These outcomes have typically been achieved through confrontational tactics, including demonstrations, picketing, strikes, boycotts, and other disruptive but attention-getting moves.

Two-way combinations of these three ideal modes produce three additional variants. For instance, Rothman shows how the locality development mode, when mixed with the social action/planning mode, produces a "development/action" variant. Whether the three ideal modes or the resulting three variants, Rothman identifies real-life examples of each of the resulting types (Rothman, 1995, p. 49). Overall, Rothman's taxonomy provides a way of sorting out different possible explanations of how partnership organizations produce the desired partnership actions. Concrete illustrations of the explanations for each of the three ideal modes are discussed next.

Illustrative Locality Development Mode of Partnership. For example, research on community empowerment and "enabling" institutions (e.g., Chavis et al., 1992; and Chavis, 1995) appears to bear most readily on the locality development mode of partnership. The research is based on both case examples of CSAP's partnerships as well as an extensive study of block booster projects organized in three New York City neighborhoods with funding from The Ford Foundation.

The research claims that the main organizational function of a community partnership is to build the capacity of community leaders and their institutions, to better serve their constituencies. Community involvement is therefore aimed at gaining control over community institutions, as well as seeking to make larger institutions accountable to the community. According to this line of thinking, the broad organizational goal is to provide the resources needed to empower families and neighborhoods to overcome the obstacles that have prevented them from solving their problems. Substantive activities may vary

from having residents help to reform school policies to creating linkages with jobs (Chavis, 1995).

A corollary of such a goal is that specially formed, intermediary institutions need to support partnerships with a variety of "enabling" services, to help the partnerships to accomplish their goals (Florin, Chavis, Wandersman, and Rich, 1992; and Chavis, 1995). The intermediary services are considered "enabling" because partnership empowerment rather than institutional dependency is essential in judging the success of the service.

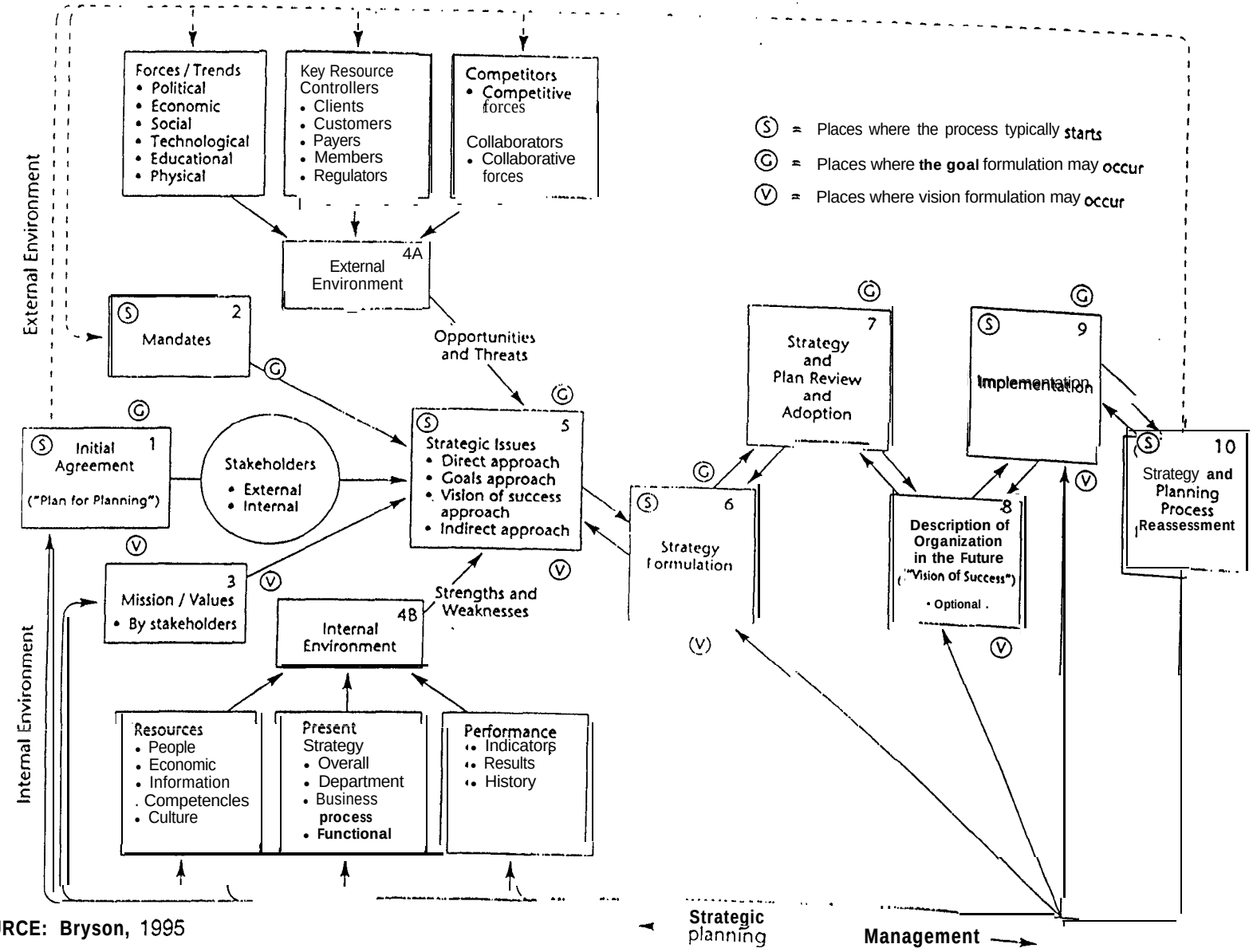
Social Planning Mode of Partnership. No particular illustrative explanation was identified for this mode of partnership, although certainly such examples exist. A major assumption is that this type of partnership would start with domination by local service agencies rather than community organizations (as in the locality development type) or a grassroots organization (as in the social action type). These agencies are more likely to engage in the needs assessment and rationale planning associated by Rothman with this type of partnership, and empirically, a large portion of CSAP's community partnerships have in fact been dominated by the collaboration of such local service agencies.

Also true is the possibility that this mode of partnership would be more likely to engage in strategic planning efforts, where data about the partnership's environment ("environmental scan") and about its internal capabilities ("internal environment") would be explicitly collected and analyzed. John Bryson (1995) has spent considerable effort in delineating the strategic planning process for public and nonprofit organizations, and he identifies a ten-step strategic planning process (Exhibit 7). Within this context, some attention is given to the role of strategic planning in coalition development and fostering collective leadership (Bryson, 1995, pp. 219-221). Although strategic planning may be pursued by either of the other two modes of partnerships in Rothman's taxonomy (locality development or social action), the basic spirit of strategic planning seems to fit best Rothman's social planning/policy mode of partnership.

In CSAP's Community Partnership Program, such strategic planning, taking the form of the development of a comprehensive prevention plan, was strongly encouraged. The ideal prevention plan was to result in a common vision of prevention goals and objectives (if not also partnership goals and objectives), leading to the specification of a preferred set of prevention activities. The plan was therefore perceived to be an important tool for designing the appropriate set of partnership actions, thereby linking partnership organization with partnership action. By the mid-point of the Community Partnership Program, only a bare majority of the partnerships had

Exhibit 7

STRATEGIC PLANNING FOR PUBLIC AND NONPROFIT ORGANIZATIONS



SOURCE: Bryson, 1995

suggests the need for developing a "logic model" or causal sequence of events similar to Springer and Phihips's (1994) "specified and sequential cause of events" described in Section I of this report.

Weiss regards contemporary, comprehensive community initiatives as having to make several critical assumptions. These assumptions also pertain to all of the three ideal modes and potentially contribute to a more genera1 explanation of partnership organization. Among the assumptions are that:

- Partnerships can make an impact with limited funds;
- The involvement of local citizens is needed to make a program effective;
- Urban neighborhoods are appropriate units on which to focus program attention; and
- Neighborhood action will achieve the partnership's goals (Weiss, 1995).

Needed now would be ideas about how successful partnerships make these assumptions work. Such ideas would then add to explanations and actual operational strategies for the working of community partnerships.

All of these current ideas provide the beginning of true explanations of how partnerships can mount the needed prevention actions. Rothman's three modes provide a preliminary understanding of the alternative organizations that partnerships can follow, and concrete examples in real life are readily cited by Rothman. Weiss's assumptions reflect barriers that a successful partnership must overcome. When all of these conditions have been fully articulated, the result is likely to be a solid understanding and explanation of how community partnerships have produced the needed partnership actions.

Reflecting a bit more on Rothman's taxonomy, a final hypothesis is that partnerships may be better off the more explicit they are about pursuing one of the three modes (or a deliberate combination of them). (Rothman suggests, for instance, that any given partnership might pursue different modes during different stages of the partnership's evolution.) However, partnerships are likely to be troubled if there is a lack of clarity among partnership members regarding the mode being pursued. To this extent, Rothman's taxonomy also can be used to provide operational advice.

Community-Based, Planned Experimentation

A second line of research pertaining to how partnerships organize themselves to produce the desired actions is based on the premise that CSAP's community partnerships are part of a planned, national (or multi-community) experiment. The resources, constraints, and directives imposed by such experimentation then also become another way of explaining how partnerships organize to carry out their actions.

Strictly speaking, this line of research does not belong with the rest of the theoretical work on partnerships. However, from a public policy standpoint, planned experimentation has been a mechanism for supporting a variety of efforts at the community level, especially in public health and in prevention. For instance, such experiments have dealt over the past decade with:

- The prevention of tobacco use;
- Stroke and heart disease;
- Heart health; and
- Other health promotion topics.

The resources involved in these efforts have been substantial. Further, the experimentation has led to improved techniques for analyzing the data from these efforts, especially in disentangling community effects from individual effects, and some investigators have claimed the relevance of these techniques for analyzing other community partnership efforts, including CSAP's Community Partnership Program (e.g., Murray and Wolfinger, 1994). As a result, although the line of research does not fit directly with the other theoretical work on partnerships, this report would be incomplete without covering the planned experimentation approach.

Community Trials. The term "community trials" has been used when carrying out planned experimentation in community settings. The term may be considered a specialized form of *clinical trials,* which are commonly used to test new drugs, medical devices, and medical procedures. The classic clinical trials may take place at many locations, but at each location the evaluation design is similar: Eligible individuals are randomly assigned to double-blind treatment and control groups. The community trial differs from this pattern in that the intervention is a community-based intervention, rather than a specific drug or medical device or procedure. From a technical standpoint, the experiment invoives the allocation of treatment and comparison conditions to "intact social groups" (e.g., an entire community) rather than to individuals

(Murray et al., 1994). In this sense, the community-based interventions may be community partnerships, and thus the community trial becomes an alternative way of thinking about how partnership organizations produce partnership actions.

The trials involve the defining of a common intervention, across several, if not many communities. Each community is given the resources and assistance to implement the common intervention. Comparison communities are identified and monitored, but in the absence of the intervention. Evaluation of the trials then follow the use of common instruments and strategies for analyzing the data, which most frequently involve individual behavior following the imposition of the intervention. The experimental design emanates from the fact that the communities are likely to be *randomly* assigned to treatment and control groups. A major feature of the community trial is that, because the trial is based on planned experimentation, a research investigator rather than a program operator is likely to be the principal investigator of the entire effort. The trial is therefore heavily guided and constrained by research and methodological motives, not just community development conditions.

An Illustrative Example: Project COMMIT. Among the most prominent community trials in the past few years, an illustrative example has been the National Cancer Institute's support of COMMIT (Community Intervention Trial for Smoking Cessation). The research and intervention design as well as the outcomes from COMMIT have been well documented (Freedman, Green, and Byar, 1990; Corbett et al., 1990-1991; Lichtenstein, Wallack and Pechacek, 1990-1991; Mattson et al., 1990-1991; Thomson et al., 1990-1991; COMMIT Research Group, 1991; Gail et al., 1992; Thompson et al., 1993; and COMMIT Research Group, 1995).

The trial started in 1986 and eventually took place in 11 pairs of communities (one member of each pair being randomly assigned to the treatment condition), beginning in 1988 and ending in 1994 (Mattson et al., 1990-1991). The trial called for the implementation of the same intervention protocol in all of the communities. The protocol was highly prescriptive and detailed regarding implementation activities and schedules, initially calling for each treatment community to carry out the following planning activities over a pre-specified period of time (about 9-16 months overall): community analysis, development of a community planning group, planning for a board, the formal establishment of the board, the formation of task forces, a smoking control plan, and the implementation of intervention plans (Thompson et al., 1993).

As a success criterion, the research investigators chose quit ***rates of heavy smokers as*** a more sensitive measure than differences in prevalence (Gail et al., 1992), predicting at least a ten percent higher quit rate in the intervention

communities than in the comparison communities (COMMIT Research Group, 1991). Unfortunately, the results showed that the quit rates did *not* differ among heavy smokers (both the intervention and comparison communities had quit rates of about 18 percent), but there was a statistically significant difference in the quit rates among light-to-moderate smokers (30.6 percent in the intervention communities versus 27.5 percent in the comparison communities).

Within the National Cancer Institute's programmatic approach to prevention, COMMIT was a Phase IV trial (Lichtenstein, Wallack, and Pechacek, 1990-1991)—randomized trials in large samples drawn from entire communities (Phases I and II being research phases, and Phase III being outcome studies involving randomized trials in samples of convenience). Within this programmatic context, the entire trial was under the control of research investigators (not program operators), and fully one-half of the COMMIT budget was devoted to research and evaluation (Lichtenstein, Wallack, and Pechacek, 1990-1991). From the perspective of this section's question on how partnership organizations define and implement the needed partnership actions, the prescriptive guidance from a national, planned experiment constitutes the main "theoretical" context for explaining how partnership organization leads to partnership action. In other words, the planned experiment was both the source of financial support and of the desired organizational activities.

Community Trials in Substance Abuse Prevention. Although CSAP's Community Partnership Program was organized as a demonstration grant program and not as a community trial, the design of the National Evaluation of the program includes intensive data collection from a subset of 24 of the partnership grants, selected as a stratified, random sample of the entire set of 251 grants. Further, for each of these 24 partnership communities, the evaluation identified a series of comparison communities, each matching a partnership community but not itself having a community partnership. Outcome data have then been collected from the matched pairs of communities, and process data have been collected in the partnership communities (CSAP, 1996). To analyze the data emanating from this design, Murray and Wolfinger (1994) suggested the usefulness of applying analytic techniques from the community trials framework, so that the data could be analyzed ***across*** sites. The importance of this pooled analysis was to permit the evaluators to address the policy question of the overall effect of the partnership program as a single initiative, and not just to assess the effects in individual communities. From this perspective, the partnership program can be interpreted as a community trial, and not as the voluntary community intervention described earlier.

A necessary condition for applying the community trials framework is the claim that the same (or very similar) intervention has taken place in each of the test communities. To support this claim requires the following interpretation of the Cornmunity Partnership Program: Although the individual community partnership interventions may differ from community to community, all partnerships funded by CSAP were:

a) To follow the programmatic "prescription" given the original grants announcement, including the defining of a. conununity area and working inclusively with the key sectors within that area;

b) Given a generally equivalent amount of new funds with which to implement a partnership's work;

c) Required to allocate the same proportion of resources for use by a local evaluator; and

d) Required to define their own, community-based strategies for substance abuse prevention.

To this extent, a "parallel" intervention was created in every community.

Support for this interpretation of the partnership program, and the consequent application of a community trials framework for analysis purposes, also comes from another example. The Robert Wood Johnson Foundation also has been supporting a partnership program (*Fighting Back*) in substance abuse prevention, similar to CSAP's Community Partnership Program, for the past few years. The evaluation design for this program also includes the identification of comparison communities for the 14 communities in which the partnerships are operating (Saxe et al., 1995), and in a vein similar to the community trials framework, the foundation defines the work in the 14 different communities as reflecting the same distinctive program model-thereby leading to a pooled analysis.

At the same time, the claim for the relevance of the community trials framework is still only an alternative interpretation of the workings of the partnership programs. The claim competes with but does not displace the interpretation given earlier in this paper, that CSAP's Community Partnership Program falls within the voluntary community intervention framework (and Rothman's typology, for instance) discussed previously, an interpretation also supported by Stahler's (1995) discussion on the evaluation of "national demonstration programs." As a result, the National Evaluation of the CSAP

Community Partnership Program has not opted for one interpretation or the other, but will perform dual analyses of the data-each set consistent with one of the interpretations.

Summary

This section has explored further the problem of explaining how and why partnership organizations produce their desired actions. The goal has been to go beyond the identification of correlative conditions (relating features of partnership organizations with the emergence of actions) and to discuss substantive processes whereby actions can be produced. Two major lines of research have been reviewed, each offering insights into these substantive processes: research on voluntary community interventions and research on planned community experimentation.

The research on voluntary community interventions suggests at least three types-of partnership models, each providing a different explanation for how partnerships work. The research on planned community experimentation offers the perspective of a centralized, multi-community model, whereby partnerships in different communities nevertheless all follow the same protocol for implementation. Although this research does not fit directly with the other theoretical work on partnerships covered by this report, the planned community experimentation framework has been applied to community partnership programs and the analysis of the data from these programs. As a result, this report would be incomplete without covering this line of research.

V. PUTTING TOGETHER EVALUATIVE EXPLANATIONS OF HOW AND WHY COMMUNITY PARTNERSHIPS WORK

The preceding two sections of this report have addressed the "arrows" in two important portions of the customized framework. The sections were presented in reverse logical order, mainly reflecting the way that analysts place priorities in causal analyses: The first obligation is to explain the dependent variables of greatest interest (the later outcomes); only then are any earlier outcomes deserving of attention. Following this reverse order, Section III first tackled the topic of greatest policy concern:

- How partnership actions are supposed to produce the most desired outcomes-community and systems change.

Section IV then addressed the logically earlier step:

- How partnership organizations are supposed to produce the desired partnership actions.

Continuing the reverse order, an even earlier step also deserves coverage in any comprehensive explanation of how partnerships work:

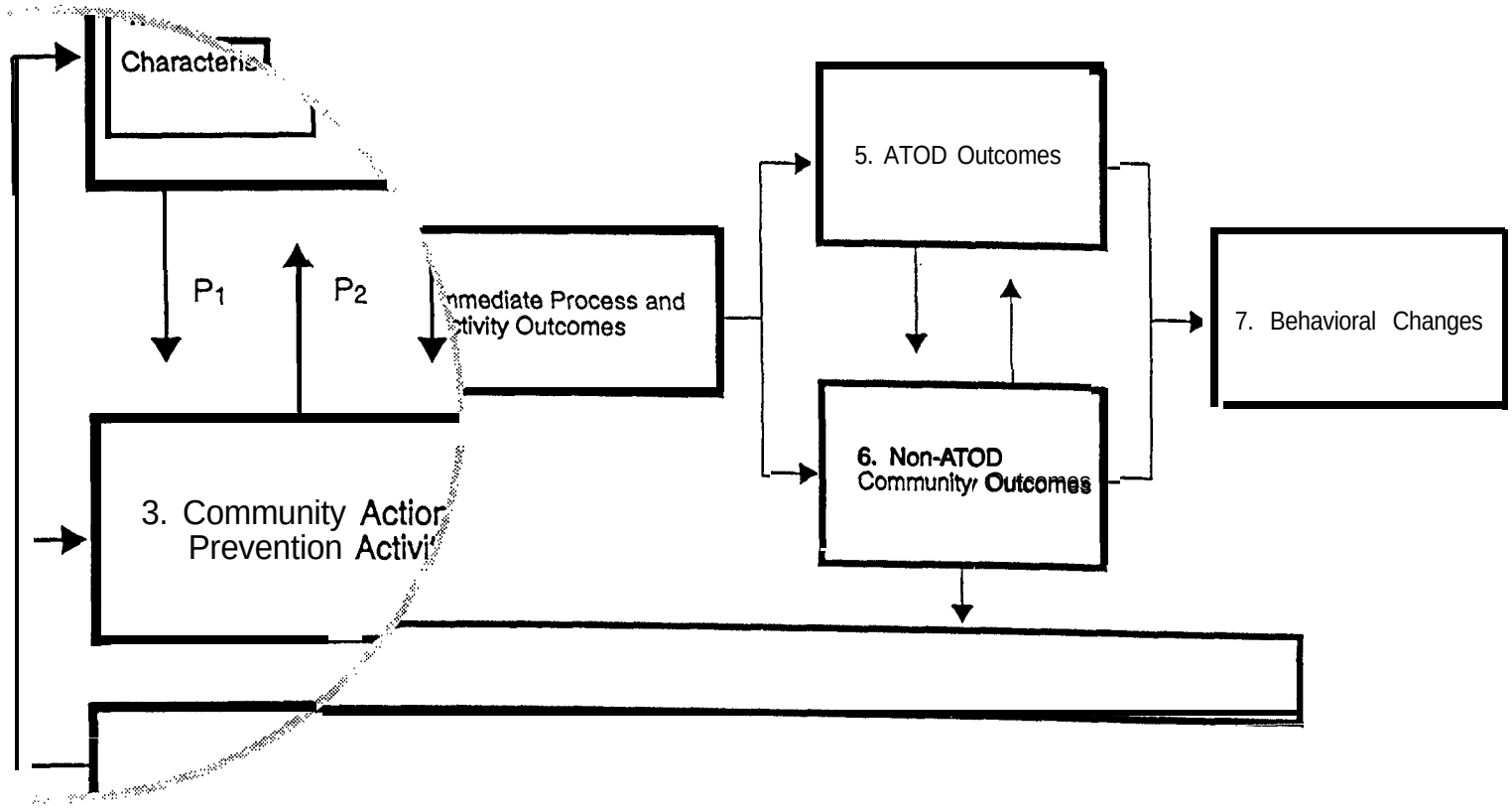
- How partnerships get organized in the first place.

Exhibit 8 shows the location of this leftmost set of arrows. However, this topic is the major "process" topic that already has received much attention by the literature in the past, due to the imbalance of data regarding outcomes, as noted at the outset of this report. Therefore, the report will not repeat this earliest phase of partnership activity. There is little need to review how partnerships are formed, membership rules and other organizational by-laws put into place, members recruited, and initial resources (such as recruitment of staff) amassed. The research covering these processes includes studies by Mattesich and Monsey (1992), Butterfoss, Goodman, and Wandersman (1993), Francisco, Paine, and Fawcett (1993), Bailey and Koney (1995), and Hope (1995), as well as extensive earlier work not cited in this report.

For the Community Partnership Program, this earliest step also has already received considerable attention in an earlier report (CSAP, 1994), where pertinent literature also was reviewed. For prevention efforts more broadly, coverage of these issues has produced a sufficiently secure knowledge base that there now exist several manuals and handbooks to help communities. For instance, a manual entitled "Community Readiness for Prevention

Exhibit 8

EXPLAINING HOW PARTNERSHIPS GET STARTED



Key

P_1, P_2, P_3 = Phase 1, Phase 2, Phase 3

* Other arrows from Contexual Conditions to all other components not shown

Programs: Issues, Tips, and Tools," has been under development for the past couple of years by the National Institute on Drug Abuse (NIDA, no date). The manual provides guidance on such topics as: "choosing a community organizational structure," "conducting the first meeting," "mobilizing membership," and "maintaining momentum." CSAP also has disseminated a manual on the same topic (Kumpfer, 1993).

Instead of examining the earliest step of partnership formation, this section of the report turns toward a more difficult task-integrating the work of Sections III and IV into a more coherent pattern. The section first integrates the entire array of explanatory possibilities. Then, it raises the possibility of various "types" of partnerships. The entire theoretical framework is the culmination of the review of recent research. The practical application of the framework is to serve as the basis for analyzing new data about partnerships, such as the data collected by the National Evaluation. As before, a major reservation is that this task has not been attempted in the past. The ideas laid out in this report must therefore be considered preliminary contributions to what will hopefully become an increasingly rich interchange on the subject.

The Customized Framework, Revisited

The original customized framework can now be used as a guide to piece together the fuller ***hypothesized*** explanations of partnership operations (organization and actions) and prevention outcomes. The task is to represent, in substantive terms, ***both*** the boxes and the arrows in the framework, thereby laying the full groundwork for evaluating any given community partnership and conducting cross-partnership analyses. Tentative explanations and hypothesis, based on the previous sections of this report, might be as follows. (Other explanations, not explicitly stated, are not ruled out as alternative hypotheses.)

1. Partnerships, As Formal Organizations, Must First Achieve a Variety of Organizational Capacities; While Developing These Capacities, a Partnership May Also Undertake Some Initial Actions. First, a community partnership is a formal organization, which has rules and procedures regarding its governance, leadership, membership, and structure and functioning. These and related characteristics were identified as variables for operationalizing Box 1 in the original customized framework. (Appendix A contains a complete list of the original variables identified for each of the boxes in the customized framework.)

As a result of establishing and maintaining this formal organization successfully, the partnership develops an array of capacities, or the ability to

get things done, both internal to the partnership (e.g., the ability to recruit and mobilize people) and external to the partnership (e.g., the ability to promote or support an issue through the external environment). These characteristics were enumerated as variables for Box 2 in the original framework. Early actions can facilitate this capacity-building process, and these have been labeled "incentive activities" in Box 3 (activities designed to give the partnership visibility, to recruit new members, or to garner new resources). Overall, an important partnership-building hypothesis is that:

H1: ***Effective community partnerships will engage in incentive activities during the start and early development of their organizations. These incentive activities are prevention-related but also are designed to build partnership capacities-enhancing visibility, recruitment, and resource acquisition.***

2. In ***Developing Early Organizational Capacities, Partnerships Need to Adopt an Overall Organizational Strategy, Pursuing One (and Only One) of Three Ideal Modes.*** Second, with regard to its overall strategic posture, the partnership should follow an efficient organizational process for identifying and agreeing upon partnership actions. This process, with examples, has been previously discussed in Section IV in conjunction with Rothman's three ideal modes: the locality development, social planning/policy, and social action modes.

Because these three modes call for different priorities (even though all three may reflect similar philosophies, values, and commitments), an important hypothesis about partnership organization is that:

H2: ***The successful partnership will tend to place priorities on those organizational processes associated with one (and only one) of the three ideal modes, at any given time in the life of a partnership.***

The partnership need not be explicitly aware of the ideal modes. The main objective is to pursue a consistent and compatible set of organizational processes. Thus, the more mixed the strategies, or the longer the partnership takes to define itself (even implicitly) in pursuing the processes of one of the three modes, the more delayed or mixed will be the array of partnership actions-and therefore the more diffuse their effect on prevention outcomes.

Rothman's definitions of the three modes, along with other illustrative examples, provide indications of the preferred processes, which are now also summarized in Exhibit 9. With reference to the customized framework, whatever the mode of organization in Rothman's taxonomy, the pursuit of these organizational strategies represents the arrows in the customized framework, linking Boxes 1 and 2 with Box 3. In other words, the successful implementation of one of the three modes should directly affect the choice, timing, and implementation of partnership actions reflected in Box 3-and ultimately the successful outcomes from the partnership actions.

3. ***Partnerships Must Then Implement a Comprehensive Array of Actions, and the Actions Must Continue to Match Contextual and Community Conditions.*** ***The*** original variables in Box 3 then characterize the prevention and community actions undertaken by the partnership. In the original customized framework, these actions included incentive activities (activities aimed at increasing participation in the partnership and its visibility), strategic activities (substance abuse prevention actions of substantive duration), policy and legislative changes, outreach activities, and community development activities.

Comprehensiveness. One way of defining the comprehensiveness of the actions is based on the community change and institutional change strategies discussed earlier in Section III of this report. A third important hypothesis would therefore be:

H3: ***The more that both community change and institutional change are part of a partnership's actions, the more positive the prevention outcomes are likely to be.***

A related, fourth hypothesis expands upon these two types of strategies by stipulating that:

Exhibit 9

SUMMARY FEATURES OF THREE IDEAL MODES OF COMMUNITY INTERVENTIONS

Locality **Development Mode:**
('Let's all get together and talk this over")

- Encourage broad participation, with leadership from within the community;
- Concerned with advancing education and nurturance of individual mernbers;
- Aims at benefiting the total community by fostering economic and social progress; and
- Considers process goals (meetings and negotiations) as important in carrying out the business of the partnership.

Social Planning/Policy Mode:
("Let's get the facts and think through the logical next steps")

- Conducts needs assessment as typical activity for setting priorities:
- Focuses on technical competencies for gathering and analyzing data; and
- Targets on whole community, but also on specific service population, with problem-solving about single community condition, such as juvenile delinquency, housing, or mental health.

Social Action **Mode:**
("Let's organize to overpower our oppressor and change the system")

- Members drawn from aggrieved or disadvantaged segment of the community;
- These members are also considered the main beneficiaries of the partnership;
- Assumes militant, advocacy posture with regard to goals and tactics; and
- Changes aimed at legislative mandates, institutional policies, and institutional practices.

SOURCE: Rothman, 1995

H4: ***The more that community change involves both place- and people-oriented initiatives, and the more that institutional changes affect the widest array of local institutions, the more positive the prevention outcomes are likely to be.***

Community Conditions. The array of actions in addition to being comprehensive, should fit other contextual conditions-for instance, the ideal mode that the partnership is pursuing. As examples, locality development partnerships should choose actions that also build leadership and the capacity of local institutions; social planning/policy partnerships should engage in strategic planning and determine priorities in part on the basis of needs assessments and other empirical data; and social action partnerships should select actions that take advantage of mobilizing large numbers of people over policy and other issues-in contrast to implementing services or building institutional capacity. Therefore, a fifth important hypothesis is that:

H5: *Successful* ***partnerships will have found a way to identify actions compatible with one (but only one) of the three ideal modes at any given time.***

As a further example, a developmental grants activity (pursued by many partnerships) implicitly reflects the locality development mode, and not the other two modes. This is because developmental grants are usually made with a distributive and community development motive. They do not (by definition) reflect the needs assessment or other data analysis driven by the social planning/policy mode of community intervention-that might have pointed to specific activities that the partnership should have sponsored (unless, in a generalized sense, community development was the pressing and established need). The traditional developmental grants (which tend to be used for services) also would not support the social action mode.

Community Conditions. Similarly, the selected actions should match community conditions. The present report has made no special review of the prevailing community conditions and how they affect partnership actions. The

varied conditions reflect differences in American communities' ongoing "problems," the resources available to deal with such problems (e.g., family incomes), demographic characteristics, services delivered, housing and locational features, and cultural heritage. However, an important assumption is that:

H6: ***The best choice of actions** also reflects **a partnership's sensitivity to and awareness of its community's conditions---the priority** needs **of the community, the type of substance** abuse **problems, and the** preferred **types of prevention strategies to avert these problems.***

A comprehensive strategic plan based on need assessments, might be one mechanism whereby the match between actions and community conditions can be first identified.

4. Dosage Assessments Should Confirm the Potency of a Partnership's Actions.

The implementation quality of any action needs to be taken into account. Without such assessment, an evaluation would not be able to discriminate a comprehensive but poorly implemented set of actions. For instance, even though a partnership might have started with a comprehensive plan, key actions might only have been implemented to a low level of dosage, and therefore the ultimate pattern of actions might only poorly resemble the original comprehensive plan, In this situation, the expected outcomes would be far different from the reverse case-where the high-dosage actions represented an implicit, comprehensive array of prevention actions even though the original plan might not have called for such an array.

To make the relevant assessment, this comprehensive assessment, a relevant concept already followed by the National Evaluation of the Community Partnership Program (as well as other evaluations) is the concept of "dosage." The dosage of a prevention action reflects its ***intensity*** (exposure per unit time), ***duration*** (length of time), and ***extensiveness*** (coverage). The dosage levels of all prevention and community actions need to be assessed, to assure that the actions considered to lead to the desired prevention outcomes

in fact were implemented sufficiently well. An important seventh hypothesis is:

H7: ***Positive prevention outcomes will more likely result when assessed dosage is high, especially if the high dosage activities are comprehensive.***

5. The Continuing Result of a Successful Partnership is Continued Community and Institutional Change in the Desired Direction: Community Norms against Illicit Drug Use; Prevention Effectively Reaching At-Risk Populations or Increasing Protective Factors; and Continued Promotion of Positive Actions to Combat Drug Use. Finally, the array of measured outcomes, whether reflected by the variables in Boxes 5, 6, or 7, should not be an isolated set of outcomes. Rather, the positive outcomes should start to cumulate, reinforcing that community and institutional changes are continuing to occur. An eighth and final hypothesis would therefore be:

H8: ***Partnerships able to sustain continuing community and institutional changes are more likely to produce lasting prevention outcomes.***

Types of Partnerships

Not all partnerships will follow all of the possible paths suggested by the preceding, integrated discussion. Some partnerships will follow only one type of organizational process, for example. Other partnerships will only select subsets of potential partnership actions. One possibility is that there will be a wide variety of partnership experiences, with every partnership being nearly unique. Another possibility, to be entertained in any evaluation, is that different partnerships will fall into different subgroups, or types of partnerships.

The use of a typology or taxonomy would attempt to reduce the diverse array of partnership experiences into a conceptually manageable and meaningful structure. Without such a conceptual structure, every partnership experience could be regarded as being unique, with no possibility of

developing lessons across partnerships. Yet, the goal of the National Evaluation of the Community Partnership Program is to attempt to develop such lessons. Therefore, an attempt must be made to focus on the similarities among partnership experiences rather than their unique ingredients. The most common conceptual mechanism for capturing these similarities would be a typology or taxonomy.

Typologies also can have correlative and explanatory characteristics. For instance, a typology based on single factors or conditions, such as a '"social area analysis" approach to a neighborhood typology, might provide some statistical explanatory power, but would yield little in understanding why one type of neighborhood differed from another (e.g., see Shaw and McKay's 1969 approach to predicting juvenile delinquency). In contrast, an urban theory based on the "rings" of urban neighborhoods-starting with a central business district in the middle or at the core of the rings (Park, Burgess, and McKenzie, 1925)—provides not only the markers differentiating one urban neighborhood from another but also clues about the functionality of the different neighborhoods, and hence the potential processes and explanations about why the neighborhoods differ. In sum, the most useful typology is one that embeds explanatory power within it, and is not (again) merely a collection of factors or correlates.

Illustrative Example of a Typology in Community Crime Prevention. An example of the type of integrated explanation—illustrating a presumed causal sequence of events as well as a typology of different types of community organizations-comes from the field of community crime prevention and a study of resident crime patrols (Yin, Vogel, Chaiken, and Both, 1976). Such patrols were initially defined as activities that:

1) Followed a specified patrol or surveillance routine;

2) Functioned mainly to prevent criminal acts or to apprehend criminals (and not necessarily to further political objectives);

3) Operated under the control of residents; and

4) Concerned themselves with safety in residential and not necessarily commercial areas.

Empirical investigation defined four types of patrols, all of which fit these definitional criteria. The four types were:

- Community protection patrols (main function is to protect residents from police abuse);
- Building patrols (main function is to patrol buildings and the areas joining the buildings in a multi-building project);
- Neighborhood patrols (main function is to cover a neighborhood); and
- Social service patrols (main function is crime prevention but also augmented by community service activities).

The strength of this typology was to show that the four types of patrols had different objectives, relationships with the police, and operational constraints, and the integration of these conditions explained prominent patrol outcomes. For instance, building patrols benefit from several conditions in comparison to neighborhood patrols. The building patrols have a defined area to protect, often with knowledge of which individuals belong to the buildings (neighborhood patrols do not have this advantage); building patrols are sponsored by citizen organizations that can claim clear representation of the residents of a building (or a multi-building project); and building patrols cover areas not generally covered by the local law enforcement and are therefore less likely to come into conflict with the local law enforcement officers (again, differing from neighborhood patrols). Each of these conditions helps to explain how and why building patrols are easier to implement, likely to be more successful in preventing crime than neighborhood patrols, likely to avoid vigilantism, and likely to have positive working relationships with the local law enforcement officers (Yin, Vogel, Chaiken, and Both, 1976, pp. 53-68).

Typologies of Community Partnerships. In comparison to the illustrative example, potential typologies of community partnerships have not been well developed. Work is only starting in this direction. For instance, a common typology is to classify partnerships simply according to their sponsorship-whether they are part of a government agency, health service provider, community organization, and so on (e.g., ***Join Together,*** 1996). The discussion and hypotheses in the present report suggest at least two typologies of partnerships that need to be explored in analyzing any data about CSAP's community partnerships. First, the partnership organizations may differ according to Rothman's threefold typology. Second, the partnerships may differ regarding their relative emphasis on community change and institutional change, and-within community change-on place-, person-, or place- and person-oriented actions. How such typologies enrich the overall ability to explain the working of partnerships still, however, needs to be explored further.

These two typologies also are not in competition with another typology developed during the early work of the National Evaluation of Community Partnership Program, which identified three different conditions that were claimed as the basis for a partnership typology (CSAP, 1994). The first condition was the ***age*** of a partnership ("old" if the partnership preexisted the awarding of the CSAP grant, "new" if it was formed to gain the grant). On this dimension, an old partnership was considered better, because it would already have a partnership structure and possibly even be implementing prevention strategies. The second condition was the ***readership*** characteristic of a partnership ("professional" if dominated by service agency and other substance abuse prevention professionals; "grassroots" if dominated by 'members of grassroots community organizations; and "leadership" if dominated by community or political leaders). No prediction was made regarding any partnership outcomes associated with this condition, but an interesting hypothesis was that partnerships could transition from one leadership type to another during the life cycle of the partnership., The third condition was the population density of the community partnership's geographic area (high, medium, and 'low density). No prediction was made regarding the association of this condition with partnership outcomes, either.

This threefold framework was used to classify all partnerships and then to serve as the basis for selecting a subset of the partnerships for intensive study that would represent the entire portfolio. The sample selection is reflected by the subsequent development of case studies of 24 partnerships, referenced at the outset of this report, and a correlative analysis will be conducted as part .of the final analysis in the National Evaluation.

Typology as the Basis for a Replication Logic, in a Cross-Partnership Analysis. Once a theoretically sound typology has been established, actual cases of community partnerships can be classified according to the typology. The typology becomes one basis for carrying out cross-case (partnership) analyses, according to the following (methodological) hypothesis:

H9: ***The more that multiple partnership experiences fit into a predicted pattern of replications, the more the entire group of partnership experiences can be said to support a broader, general theory of*** *community-based* ***substance abuse prevention.***

This hypothesis differs from the earlier ones in that the focus is on a methodological feature-external validity-rather than a substance abuse prevention topic.

In a replication logic, the way the ideal typology would work is as follows: All other things being equal, cases within the same taxonomic category should produce consistent explanations and results regarding partnership organization and actions, and partnership actions and prevention outcomes. This replication principle has been defined as a ***direct*** replication (Hersen and Barlow, 1976). Cases in some of the other taxonomic categories may deal with different external conditions, and may still produce similar results, a replication defined as a ***theoretical*** replication (Hersen and Barlow, 1976). Yet other cases in yet other taxonomic categories may produce contrary results but that were predicted due to the differences known in the external conditions-another type of theoretical replication. Overall, the goal is to show whether individual cases do replicate each other, and if the predicted pattern of direct and theoretical replications is affirmed by the evidence from the multiple partnerships, the entire set of findings may be considered to be consistent with the same, broader theory of partnership organization, actions, and outcomes.

Summary

This section has integrated the discussion of partnership operations from the preceding two sections. The goal has been to assemble the sequential "how" and "why" explanations of partnership organization, actions, and outcomes into a full but hypothesized explanation of partnership operations. The explanation may be considered a theoretical foundation for designing an analytic protocol, and later testing the hypothesized explanation with actual empirical data from existing partnerships. The section concludes with a discussion of potential partnership typologies, which would form the basis for cross-case comparisons and the determination of whether an entire group of cases all supported the same general theory of partnership operations.

Next Steps

The explanatory hypotheses developed in this report will now be used to analyze actual case studies of community partnerships. The analysis will first consist of within-case testing of the hypotheses-e.g., whether actual case study data align with and confirm the stated hypotheses in this report. In this approach, every case need not cover all hypotheses, as partial data collection can still be useful by addressing one or more but not all hypotheses. The

analysis will then shift to a replication-based, cross-case analysis, attempting to determine the viability of various typologies and therefore the broader generality of the findings.

This analysis plan will be applied to two sets of case studies. First are the 24 case studies that have been the subject of intensive data collection by the National Evaluation. The evaluation team has made four annual site visits to each of these partnerships, so that a broad array of data are available about these partnerships. In addition, the partnerships are the site of the National Evaluation's extensive surveys of youths and adults, to determine the prevalence rates for substance abuse in these communities. Finally, for each of these 24 partnerships, the National Evaluation has identified a comparison community (based on demographic characteristics), and the surveys will have been conducted in the comparison communities as well.

Second, the analysis will be applied to a larger, as yet undefined set of cases reflected by the final reports of the local evaluators for each community partnership. As of early 1996, these final reports were being submitted to CSAP in impressive numbers (a 50 percent completion rate for the first 140 partnership grants). Further, CSAP's instructions for these final reports included explicit use of the customized framework, so that, to the extent possible, the local evaluators' findings were put into this framework.

If even a fraction of the final reports yields additional cases to augment the 24 cases from the National Evaluation, a cross-case analysis substantially larger than the original 24 cases will be possible. Of course, careful attention will have to be given to the quality of the case studies in these final reports. An optimistic note, however, is that many of the local evaluators are themselves evaluation experts who have published frequently, some of them on the topic of community partnerships already. Finally, it is again not expected that all of the cases will cover all of the hypotheses, so that this larger cross-case analysis will not necessarily involve the same number of cases for each hypothesis.

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APPENDIX H

24 Composite Site Visit Report Summaries

Ozarks Fighting Back Against Alcohol and Other Drugs
(September 1991 - June 1996)

1. Community Conditions

A. Social and Drug Conditions in Community

1. Springfield is located in the southwest corner of Missouri, in the heart of the Ozark Mountain Plateau, with a metropolitan area population of about 240,000 and a city population of about 140,000. The minority population is about 4.5 percent (about half of which is African American). The area has experienced considerable growth, with a 12 percent increase being three times as large as the state average of 4 percent.

2. The city's per capita income was about $12,000 in 1990, with 18 percent of the population having incomes below the poverty level and a poverty rate significantly higher than the statewide average. Adult unemployment in 1992 was 4.8 percent, but much higher for teenagers.

3. Located in the Bible Belt, the city has a large churchgoing population with a strong Protestant component, and the city is the world headquarters of the Assemblies of God Churches.

4. Alcohol abuse is the major substance abuse problem in the city. The level of tolerance of underage drinking is still high, despite increased DUI prosecutions. The almost 33,000 college students enrolled at local universities are a sizable at-risk group. Increases in police seizures of crack, arrests of "Blood" gang members, and gang-motivated shootings were incidents indicating the presence of gangs in Springfield. Gang-related offenses increased markedly from 1992 to 1993, and 230 gangs were being tracked in 1995 compared to 215 gangs a year earlier. Nevertheless, the latest site visit indicated a marked decrease in drug trafficking within the public schools. In addition, Part I crimes rose 21 percent in 1994 but decreased 8 percent in 1995.

B. Commercial Base:

A

1. Springfield has a diversified economy, with a broad array of business, industry, health care, and educational components. The city is the financial and regional communications center of southwest Missouri.

2. There is a history of bootlegging in the isolated hills and lakes around Springfield, and a large methamphetamine production and marijuana-growing industry has evolved.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

4a

4d

1. The partnership took shape in the late 1980s when separate organizations sought funding from the Robert Wood Johnson Foundation, with the United Way of the Ozarks as the lead agency. After failing to obtain the RWJ funds, an executive committee continued to seek funding, hiring a project director in January 1991 with money from the Missouri Division of Alcohol and Drug Abuse. To this extent, the partnership predated the CSAP award. To delineate authorities and responsibilities, a memorandum of agreement was signed between the partnership and the United Way in 1992. The United Way only intervenes when funds are involved and also has the authority to hire and fire partnership staff; otherwise, the partnership is independent. Partnership decisions are purposely made on the lowest level possible, to empower each individual member and allow for strong grassroots input.

4c

2. The partnership grew from a small task force of four committees in 1988 to an irnpressive coalition of 108 organizational members and another 50-60 individual members, 15 standing committees, 15 subcommittees, and 8 spinoff projects in 1995. All agencies sign a written agreement. The partnership also has an advisory committee whose members were increased from 13 to 15 in 1994. The partnership is organized around three key components: an agency/business coalition, neighborhood-organizing, and youth work. While the basic organizational structure has remained the same, changes in specific committees and their function reflect the partnership's ability to adjust and be flexible about community needs. The partnership is not now seeking actively to extend its membership, but considering the fact that Springfield is the headquarters of the Assemblies of Gods Churches and seats of four church college in addition to a large number of congregations, the involvement of this sector has been underdeveloped.

3. Because the committees design their own goals and objectives within the confines of the five-year plan, significant perceptions of ownership have emerged among its active members. This has led to tremendous volunteerism with intense commitment to making Springfield a safer and healthier community.

4e

4. The partnership has had the benefit of having two long-term employees, one the project director. The staff includes a workplace specialist, part-time staff members working on workplace, communications, and media relations, and youth and special projects, and a large number of part-time neighborhood organizers who collectively equate to 2.25 full-time equivalents. The staff positions have shifted over time, in response to changing needs. The staff understand the concept of serving as a catalyst within the community, letting the membership drive partnership efforts and reap the gains of successful work.

5. The partnership has been nationally recognized for its accomplishments and has attracted extensive additional funding from federal agencies, state agencies, and industry. For instance, the partnership has become the support center for the state-funded Community 2000 project to expand community-based substance abuse efforts to other parts of southwest Missouri. Few of the partnership's activities do not receive some kind of financial, in-kind, and volunteer support. For instance, one of the most recent graffiti paint-outs was carried out without partnership funds, as local business supplied 60 gallons of paint.

B. Common Vision:

1. The partnership originally presented a five-year plan to achieve six goals, using a systems approach combined with grassroots involvement in specially targeted neighborhoods. Each year, the annual plan focused on a specific set of targets, and each partnership committee also developed its own annual action plan. This process continued until Year-4, when the advisory board set a new, singular goal for the entire partnership-youth asset development (the original Year-4 goals were to focus on the elderly, the workplace, incarcerated individuals, and fundraising). The new idea was to create a youth coalition, which was accomplished with the formation of the PEACE project, and similar goals were then extended into Year-5.

4b

2. The partnership's early premise recognized that existing prevention efforts had gaps, needed coordination, and had inadequate publicity, resulting in low community awareness of local problems and services. Another premise was that alcohol abuse, particularly underage drinking, was the community's main problem, complicated by denial, ignorance, and acquiescence by parents and others in the community.

1

3. Throughout its life span, the partnership has directed its efforts toward drawing in all community systems by developing long-range, comprehensive, and self-sustaining prevention programs promoting healthy life styles for all citizens. As a result of this appeal and the partnership's collaborative processes, leading organizations and agencies have joined to develop a broad range of prevention activities and spinoff programs.

C. Community Implementation Strategy:

5

1. The partnership's community organizing efforts concentrate on 21 neighborhoods, with 18 neighborhood organizers. These neighborhoods follow the boundaries of 36 neighborhoods defined in local

newspaper articles some years ago, and the neighborhoods typically include several square blocks. The desired size of the neighborhoods is small, as one neighborhood of over 4,000 residents has been considered too large (two organizers are assigned to it). In smaller neighborhoods, organizers are more likely to get higher proportions of participation from residents.

2. The partnership's model for community mobilization and civic participation has been adopted in 22 counties in southwest Missouri through the spinoff Communities 2000 initiative and is being promoted throughout the state by the state substance abuse agency.

D. Coordination Function:

1. As a result of the partnership, cooperation and coordination among a number of public and private agencies have dramatically increased, not just in the area of substance abuse prevention. For example, the partnership has been at the forefront of identifying early signs of gang activity in Springfield and being a catalyst for action. The partnership also has been a catalyst for changing service delivery, with needed social, job, health, and education services provided onsite at seven neighborhood schools.

3a

2. Although the partnership has increased coordination, turf issues with the Ozark National Council on Alcoholism and Drug Dependence (ONCADD) still remain unresolved, a subcontract for workplace services having soured the relationship further.

E. Partnership as an Ongoing Organization:

1. The partnership's prospects for continuing are very promising. In May 1995 the partnership applied for 501(c)(3) status and had secured non-CSAP funding for seven of its eight spinoff programs. The state also will make available a year of transition funding for the partnership, and the partnership is a key member of a new coalition award by CSAP that was awarded in May 1996.

4f

F. Rivals:

1. Like many middle-American communities, Springfield has many ongoing prevention programs, including DARE, MADD, and school-based programs that may be considered rivals. However, few or no organizations can be considered rivals, given the partnership's inclusive, community mobilization approach.

6

2. One rival organization is ONCADD, which functions primarily as an information and referral service for substance abuse prevention in an area covering ten counties. ONCADD, however, is a member of the partnership. Similarly, other organizations such as the Springfield Public Schools, the law enforcement agency (DARE), and the faith community provide related prevention services but also have collaborated with the partnership in numerous ways.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The partnership has organized major initiatives. Caring Communities II is an expansion of Caring Communities I, which emphasized one-stop shopping for local services through use of neighborhood schools. The newer initiative also emphasizes system changes in the way that the services are delivered. A gangs task force, initially led by the law enforcement agency, became a partnership committee and has assumed a prevention and not enforcement-oriented posture, with numerous awareness workshops and annual graffiti paint-outs. Similarly, there has been a major workplace initiative, with a CSAP supplemental award and 27 of 75 companies implementing prevention program components; PSA media campaigns; and a mini-grant program to provide seed money to community groups. The overall dosage score for the community was 119,706.

3a

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership has been frequently involved in legislative activities, including the drafting and support of new city ordinances as well as supporting state legislation to reduce substance abuse. Local policies have covered anti-graffiti, zero tolerance, entertainment zone, and drugfree workplace policies. State legislation has included a Youth Opportunities Act (emphasizing coordination of state agencies' youth programs and easing information-sharing between schools and law enforcement), zero tolerance, over-the-counter sales of a stimulant used by youths, and support for tobacco sales and penny-a-drink legislation that, however, failed to be passed.

2(H)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

D12.* **Workplace Initiative:** A formal program, started by OFB's familyhood committee during the second year of funding, to strengthen local businesses' policies and procedures regarding alcohol and other drug abuse. Since 1993, OFB's full-time workplace specialist has provided consultations, which offer program components, to more than 75 companies. At least 27 of the 75 companies have actively implemented various prevention program components.

B17. Safety Council Conference: The partnership manned a booth at the five-hour Safety Council Conference to promote drug-free workplaces and policies and to identify local businesses needing help in this area. From the 826 conference participants, local businesses were recruited through this event to participate in OFB's workplace initiative. Participation in this annual conference supported OFB's Year 4 change agent goal and furthered its workplace initiative, which local research indicates is the most effective way of reaching parents. October 1995 was the first time OFB participated in this event, it planned to do so again the next year.

B13. Prevention Development Fund Program: A mini-grant program to provide seed money to small community groups to do prevention activities. In 1992, OFB awarded two rounds of mini-grants. In subsequent years, awards have been made once a year, usually in December, following a bidders conference that is held annually to provide technical assistance to applicants preparing their grants. The Year 4 bidders conference was held in November 1995; then in December 1995, a total of $31,319 was awarded in mini-grants, funding 27 local prevention projects for immediate implementation. Two of OFB's spin-off initiatives, Caring Communities and Community 2000, have replicated the mini-grant program model.

B18. Neighborhood Organizing Efforts (Community Mobilization): Beginning in 1995, a wide variety of drug-free neighborhood activities have been conducted as part of the ongoing efforts of the partnership's community mobilizers to make the community a safer place to live and achieve the strategic aims of inclusion and empowerment more successfully. The community mobilizer approach is an outgrowth of the refocusing of the partnership's grassroots coalition agenda and grassroots strategy. Conducted on a monthly basis, more than ten of these activities have been completed to date, reaching 1,000 adults and youths.

A6. Gang Awareness Presentations: Established in 1993 as an outgrowth of the Interagency Task Force on Gangs and Youth Violence (a standing committee of OFB), the partnership's Gang Speaker's Bureau has made an average of three gang awareness presentations per week. Since October 1994, the speaker's bureau made 133 gang awareness presentations attended by ***4,587*** adults and youths. In March 1995, a former gang member was added to the program, (which has been expanded to an elementary school curriculum).

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

B11. Teens Against Gangs (TAG): A gang prevention youth group that grew out of the Interagency Task Force on Gangs and Youth Violence in 1995 to raise awareness about gangs, to give teens a voice, and to plan and promote healthy, non-violent alternative activities. In June 1995, the focus of Youth Fighting Back, a standing committee of OFB since 1993, was expanded and its name changed to Teens Against Gangs. It consists of 30 youth who have met for two hours weekly since its beginning. Plans are in place to institutionalize TAG and TAG Junior, an offshoot for 9- to 12-year-olds, by turning these groups over to the Boys & Girls Club by June 30, ***1996.***

B15. TAG's Mural for Pace: In partnership with the Interagency Task Force on Gangs and Youth Violence, TAG designed and painted a mural for peace in downtown Springfield in October 1995. With both adults and youths participating, the mural took 30 hours to complete and is seen daily by thousands of passers-by, due to its location on the wall of a public building.

B9. The school opened its doors in October 1995; is in session six hours per day, 185 days a year during the regular school year, and 45 more days for its recently added summer component; and serves 20 students per day. This alternative school concept was developed by a community-based committee that evolved out of a Key Leaders Summit convened through OFB's Interagency Task Force on Gang and Youth Violence. The committee, composed of parents, youth, and a variety of youth-serving agencies and organizations, met weekly from January 1995 to September 1995 and secured initial funding for SOLUTIONS in July 1995, which includes $200,000 from the state of Missouri, and $50,000 per year from the Office of Juvenile Justice through the Missouri Department of Public Safety, and local matching funds.

Solutions Alternative School: An alternative, multi-modal, academic youth leadership development program for youths expelled or on long-term suspension from the Springfield Public Schools was established as both a community and partnership priority.

A6. ***Graffiti Paint-Outs:*** After becoming a member committee of OFB in 1993, the Interagency Task Force on Gangs and Youth Violence (Gang Task Force) drafted a graffiti ordinance that was passed by the city council in 1993. Since that time, citywide graffiti paint-outs have been held in cooperation annually with Springfield Citizens Against Gang Graffiti, a volunteer group. A three-hour Graffiti Paint-Out was conducted in April 1995 by the partnership to raise awareness of gang activity, using 50 community volunteers, including high-risk youth. Graffiti was removed from a total of 21 sites. The activity targeted both adults and youth in Springfield and reached an estimated 50,000 persons. The number of communitywide graffiti paint-outs increased to one a month at the end of 1995. In October 1996, the Gang Task Force organized a Teen Graffiti Paint-Out. Teen volunteers removed graffiti from over one and one-half of underground tunnels in Springfield. This paint-out specifically targeted youth; 75 actually participated in the graffiti removal, while thousands more were reached through the local NBC affiliate's televising of the event. This is the first time OFB limited a paint-out to just one locality within Springfield and to teen participation. Increasingly, OFB volunteers have conducted paint-

(Continued on next page)

Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

outs in response to OFB's encouragement to take over this effort. In addition, OFB has helped to set up paint-outs for the Juvenile Courts mandatory community service program. However, the "ripple effect" of this enhancement has not been tracked.

B20. Teleconference on Juvenile Boot Camps: Missouri legislation was passed during the *1995* legislative session (January-May 1995) to enable Greene County to operate a Juvenile Boot Camp. OFB was asked to host a Teleconference on Juvenile Boot Camps in October 1995, since its Interagency Task Force on Gangs and Youth Violence was following this issue. Its specific interest was in the camp's role in the overall strategy for addressing youth violence. The tracking of this issue by OFB's Gang Task Force prompted the request for the teleconference. OFB conducted this strategic activity in October 1995 in support of two of its Year ***4*** goals. The two to three hour teleconference was a one-time event and 100 adults and youth participated.

B21. Home ***Visit Safety Seminar:*** On June 16, *1995,* OFB partnered with local health care providers to convene a Home Visit Safety Seminar for regional workers who provide in-home services (home health aides, Parents as Teachers, teachers for home-bound children, social workers, etc.). Through OFB staffs participation on the preventive medicine committee, this group became aware of the violence training OFB was doing in the community. The group asked OFB to assist them in planning and conducting the conference. Members of OFB's Gang Task Force did the presentations. The seminar was convened in conjunction with the preventive medicine committee and consisted of two half-day sessions that were videotaped. The seminar targeted adults and reached 2,000 persons.

B15. White House Conference on Gangs, Youth and Drugs: A youth was nominated by OFB to participate in the *White House Conference on Gangs, Youth* ***and*** *Drugs.* The conference ran for about five hours one day, with dinner at the White House the night before. An undetermined number of youth and possibly adults in Springfield will be reached through this youth's involvement in the conference. This strategic activity supports the Year 4 goal, "to encourage Springfield youth to choose drug-free lifestyles."

A6. ***Urban Violence Conference:*** OFB initiated and co-sponsored with Southern Missouri State University (SMSU) the March 1995 urban violence conference. The heightened community awareness from this conference spawned several prevention activities and initiatives.

B21. Domestic Violence Council: An OFB standing committee that works to support existing programs while identifying gaps in service that will give Springfield a prevention and treatment continuum. initiated by OFB in June 1995 in response to needs the community expressed at the March 1995 urban violence conference, the Domestic Violence Council complements OFB's current anti-violence strategies and supports two of its Year 4 goals. This council meets at least two hours each month and has reached 30 adults through their active participation on this committee.

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Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

B22. Violence Conference with Dr. James Fox: Drury College invited OFB to co-sponsor a violence conference featuring Dr. James Fox. Planning for this October 1995 conference within Springfield and to teen participation. increasingly, OFB volunteers have conducted paint-started with planning for the March 1995 urban violence conference, from which the perception of OFB as the local violence prevention expert emerged. OFB was an integral part of an ad hoc committee that planned and convened the October 1995 conference and added a panel discussion for the afternoon. The panel consisted of youths from local high schools and colleges, and adults. The three-hour October 11, 1995 conference was convened to commemorate National Violence Day and was attended by 450 adults and youth. (Participation in the conference was a strategic activity in support of objectives under OFB's Year 4 goal, to "facilitate health and well being in Springfield.")

822. ***Robert Bellah presentation:*** OFB was part of the planning committee that put together this conference sponsored by SMSU, featuring Robert Bellah, a sociologist who spoke about the cultural revolution needed in American life and communities. In addition to its advisory role, OFB participated on the response panel that was part of the conference and was composed of community residents, including students. This two-hour event convened in October 1995, received tremendous media coverage, and drew 2,200 adult and youth participants. OFB's involvement was a direct outgrowth of the March 1995 urban violence conference.

B22. Child ***Advocacy Center.*** The partnership established a Child Advocacy Center to support integrated programming for victims of sexual abuse, their families, and the professionals who work with them. Services provided through the center include identifying sexually abused youth through post mortem sexual abuse forensic exams (SAFE); conducting only one interview (rather than the customary 12) with victimized youth, while all other significant service providers/ players observe through a two-way glass; and providing family counseling and support. Families are referred to the center. The type and duration of the services provided depends on the needs of the family. The center targets both adults and youth in Greene County. The Child Advocacy Center Committee began planning for the center in July 1995; the center became incorporated in November 1995 and received funding in December 1995. Since October 199585 exams have been completed, completely eliminating the SAFE waiting list, and a total of 200 persons have been served.

A1. Spooktacular: In October 1995, OFB staff and volunteers promoted youth assets/ Building Blocks materials and distributed 40,000 "pogs" imprinted with prevention messages to the 35,000 children who participated in Spooktacular, an annual Pipkin walk at Springfield's local zoo. Spooktacular ran four hours on each of ten days. Participation as a presenter in this annual event, which was part of Red Ribbon Week festivities, is by invitation only. This was the first time OFB was invited to participate in this annual event. Since 1993, the Red Ribbon Week campaign has been a major public awareness event orchestrated by OFB that offers prevention information through a wide range of drug-free activities for youth and their families. OFB's Red Ribbon Week

(Continued on next page)

Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

Committee has met regularly and developed an annual plan for implementing this annual campaign, based on OFB's annual goals.

A5. "Chewing is Gross!"; A new version of the poster contest conducted as part of the anti-tobacco campaign started by the partnership in 1994. Using a $1,500 grant from ASSIST, the partnership co-sponsored this strategic activity with the Greene County Medical Society to deter underage use of tobacco products. The poster contest ran for 30 days in April 1995, with 500 youth participating.

B22. Sizzlin' Summer Spectacular: A summer recreation program for teens, implemented by OFB in collaboration with the Springfield Park Board, YMCA, Springfield R-12 School District, and the Boys & Girls Club. These organizations combined their resources to offer activities at four different sites-Doling Community Center in the north, Central High School and the Boys & Girls Club in the North-Central area of town, and the Jones Family Y on the South Side-within the city of Springfield. For an admission fee of one dollar or a canned good, each weekend teens 12 to 17 years old could go to any one of the locations and enjoy all the recreational facilities the location had to offer, in addition to listening to "cool" music and sometimes motivational speakers, as well as having free pizza and soft drinks. The centers were open five hours (usually 7:00 p.m. to midnight) each weekend; 13,208 youths have been reached since the beginning of this activity in June 1995. The program has continued into the 1995196 school year due to the overwhelming approval of its summer participants. The partnership convened providers and hosted planning meetings; conducted a citywide survey to poll youths to find out the kinds of activities they wanted; and coordinated a comprehensive plan to take to the city council, United Way, and the community for funding, at the request of the city manager after he convened a recreation summit.

622. ***Caring Communities II Initiative:*** A new three-year initiative being facilitated by community organizers and implemented in seven schools and their neighborhoods. Through collaboration among five Missouri governmental departments (Health, Labor and Industrial Relations, Elementary and Secondary Education, Social Services, and Mental Health) and the community partnership committee, a wide range of free family, health, mental health, and supportive services plus educational as well as recreational activities are made available in the seven caring communities to both adults and youth residents. The goal of the initiative is to improve the quality of life for all Springfield residents by utilizing existing resources and filling gaps in services to prevent behaviors that have negative social consequences. The program seeks to get parents working, children safe in their families and families safe in their communities, children ready to enter school, children and families who are healthy, children and youth succeeding in school, and youth ready to enter the work force and become productive citizens. Planning for this strategic activity started in July 1995; initial programming of after-school activities began September 12, 1995.

C23. Youth Violence Conference: In response to their invitation in summer 1995, OFB co-sponsored the four-hour youth violence conference with the Greene County Medical Society

(Continued on next page)

Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

Auxiliary, provided technical assistance to the planners, and distributed materials at the conference. Convened on October 11, *1995,* to commemorate National Violence Day, the conference targeted parents and had 75 participants. OFB's involvement with this conference led the Medical Auxiliary to help OFB with its Caring Communities program and with sponsorship of the April 2, 1996 conference featuring Dr. Deborah Prothrow-Stith as speaker. (Participation in the conference was a strategic activity in support of OFB's Year 4 goal, to "facilitate health and well being in Springfield.")

B21. Good Community Initiative: This initiative started as a month-long campaign conducted in October 1995 to examine the root causes of violence and highlight positive, asset-building programs in Springfield. The initiative is an outgrowth of several factors: the four years of Ozarks Fighting Back's work, the 1994 gang bust of 35 members of the Black Gangster Disciples from Chicago who invaded Springfield to sell crack cocaine, and the March 1995 urban violence conference that OFB co-sponsored with SMSU. The initiative continues through four concrete steps that emerged from the October media blitz: 1) the Good Community Fair in January 1996; 2) a town meeting with Dr. Deborah Prothrow-Stith, hosted by OFB in April 1996; 3) a two-day community retreat for a group of 80 leaders to develop a communitywide 12-month action plan; and 4) a media blitz on May 9, 1996 to promote OFB's Building Block concept throughout Springfield. This strategic activity supports OFB's Year 4 goal, "to continue as a change agent within the community" and its supporting objective, "to maximize opportunities for community collaboration by responding to opportunities as they emerge." The activity also is evidence of the collaborative partnership process OFB set in motion in Springfield and is tied to OFB's single goal for Year 5, "to increase developmental assets among young people." The initiative targets both adults and youth. The number of persons reached is undetermined. Over 7,000 people attended just one of the events (the Good Community Fair) conducted through this initiative, which is expected to be ongoing.

B22. Good Community ***Fair:*** A six-hour event, targeting both adults and youth, that was convened for the first time in January *1996* to connect volunteers with agencies needing their help. An unprecedented 7,500 persons showed up to volunteer aid to 180 agencies. The local newspaper, the *News-Leader,* provided funding and coverage to promote the event. The fair is part of the Good Community Initiative and is expected to occur yearly. OFB was asked to be the anchor for this event and had three tables with information and give-aways. OFB also did live interviews the night before the conference at Drury College (the host location) to promote the event. This incentive and strategic activity supported OFB's community organization and mobilization goal.

B22. Community 2000: Community 2000 is a spin-off program of the partnership. OFB established Community 2000 teams in 21 communities to strengthen efforts to prevent the abuse of alcohol and other drugs. To this end, each team must develop a communitywide action plan

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Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

offering resources and training. The program is funded in part by federal funds through the Missouri Department of Mental Health, Division of Alcohol & Drug Abuse.

A6. Community 2000 Conference: In April 1995, OFB convened the annual conference for its Community 2000 spin-off program. The six-hour conference focused on Building Blocks, a new topic based on the Search Institute's positive approach toward developing assets for youth that help them succeed in life. This strategic activity targeted adults and 200 participated.

A6. Building *Blocks Initiative:* Out of a desire to improve their work with youth, OFB sought a means of communicating to the general public the risk and protective factors addressed in the Hawkins-Catalan0 model. The Search Institute's developmental assets concept filled this need. OFB translated these developmental assets into "Building Blocks," and developed training materials and presentations using this approach. OFB staff and volunteers have made numerous "Building Blocks" presentations to community groups and individuals in a variety of settings since April 1995. This includes the Trainer of Trainers event where 50 community volunteers (school nurses) were trained to use and present the Building Blocks concept to others. This strategic activity supports OFB's work with youth and their families and its single Year 5 goal, "to increase developmental assets among young people." These presentations target both adults and youth and have reached thousands. Presentations of the Building Blocks concept are being made on an ongoing basis.

A6. St John's ***Respect for Life:*** The IO-hour in-service training that occurred on October 1 1, 1995 for employees of St. John's Hospital (the largest employer in Springfield) is an annual event. Participation is by invitation only. In response to the invitation, OFB staff and volunteers participated in the in-service by presenting the Building Blocks concept. These developmental assets promote healthy lifestyles, and the events theme of respect for life is inherent in the Building Blocks model. This was the first time OFB was invited to participate in this event and some of the 1,500 employees who participated asked OFB staff to make subsequent presentations of the Building Blocks concept in different settings. Participation in this event supported OFB's Year 4 goal to "facilitate health and well being in Springfield," and its single Year 5 goal, "to increase developmental assets among young people."

B14. S.T.A.R.S. Public Service Announcements (PSAs): In April 1995, OFB produced ten 30- and 60-second radio spots focused on avoiding elderly scams through its S.T.A.R.S. (Seniors Taking Action to Reclaim Our Streets) standing committee. A subcommittee of S.T.A.R.S. worked with the local NBC affiliate in developing PSAs. The PSAs were aired by at least three local radio stations one to two times per day for six weeks, beginning in April 1995. These radio stations have an estimated listening audience of 150,000 persons. Personal safety and scams that target the elderly were focuses under the Year 4 goal to "target senior citizens for involvement with OFB."

(Continued on next page)

Exhibit 6 (Continued)

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

B14. ***S.A.V.E. PSAs:*** In April 1995, OFB produced 30 *PSAs focused on avoiding gang activity and reducing violence* through its S.A.V.E. (Springfield Against Violent Environments) standing committee. The 30- and 60-second radio spots were aired six to seven times per day for 21 days by at least two to four local radio stations, beginning in April 1995. The PSAs separately targeted adults and youth in Springfield and reached an estimated listening audience of 300,000 persons.

C23. ***Annual Meeting:*** Each year, an annual meeting of the partnership is convened to review OFB's progress over the past year, celebrate its accomplishments, and plan for the coming year. OFB's staff, advisory board, volunteers, and evaluators planned the conference; prepared its agenda; compiled an annual report booklet which was distributed at the conference, and presents highlights of the partnership's progress, accomplishments, and budget; and conducted the September 1995 conference. Several interviewees provided unsolicited positive feedback, indicating OFB's annual meetings are fun and informative. Both adults and youth were targeted and 200 persons participated in the September 1995 annual meeting. The annual meetings usually have a duration of two hours.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Ozarks Fighting Back (OFB) Against Alcohol and Other Drugs

D12.* From October 1994 to March 1996, 33 workplaces implemented drug-free workplace policies. One of them, United Way of the Ozarks, adopted (in May 1995) a comprehensive drug-free workplace policy that includes pre-employment, post-accident, and reasonable cause drug testing-it was the first nonprofit agency in town to adopt such a policy.

A3. In October 1994, Springfield got involved in the Entertainment Zone. City Council awarded money on May 15, 1995, for a public/private collaborative recreation program, Summer Sizzlin' Spectacular. The program's first activities were implemented in June 1995.

A3. City Council adopted a Zero Tolerance policy on June 26, 1995. The city passed an ordinance for use of the Zero Tolerance logo, which was designed by OFB staff and unanimously adopted by its board, at major entrances to the city, on major highways, and on city vehicles. OFB then encouraged businesses to buy space on bill boards to show their endorsement of zero tolerance. Green County Commissioners responded in kind and the city of Republic (west of Springfield) adopted the zero tolerance philosophy and obtained permission from OFB to use the logo in their community. The Missouri legislature passed a Youth Opportunities Bill in August 1995. Youth were added to policy board of the News-Leader in August 1995.

A3. Beginning September 1, 1995, Caring Communities became more user-friendly.

B6. The city government became the officer for tobacco purchase enforcement in October 1995. The city of Springfield listed the Child Advocacy Center as a legislative priority in January 1996. The city council passed the Good Community Fair resolution on January 13, 1996, and the Good Community resolution in February 1996. In February 1996, OFB's Family Violence Council began making available to abused/battered women security systems and emergency necklace pendants through the AWARE program.

*Numbers refer to classification scheme in final cross-site report.

Middlesex County Substance Abuse Action Council
(October 199 1 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. The partnership serves the entire county (although Connecticut is the only state with no actual county form of government), which comprises 15 towns in the south central region of Connecticut. The total population is about 143,000, with 94 percent being white, 4 percent African American, and 2 percent Latino.

2. All of the towns except Middletown are small and rural. Middletown has a population of 43,000 and can be considered a small city.

3. Substance abuse problems were identified as requiring the most attention in a community needs assessment conducted by the United Way in 1990. The most abused substance is alcohol, followed by cocaine, crack, and marijuana.

4. Historically, Middlesex's citizens have always denied having alcohol problems. Parents especially deny that their children may be using alcohol and view it not as a drug but as a substance that is part of a youth's "rite of passage" to adulthood. Because alcohol is also glamorized in advertisements, youths and children become confused with the mixed messages.

5. Crack is increasing in popularity. According to a law enforcement officer, the county's location between New Haven and Hartford facilitates crack dealing.

6. Approximately 80 percent of violent crimes are alcohol- and drug-related.

B. Commercial Base:

1. During the past several years, the job market has suffered the adverse effects of downsizing, restructuring of insurance companies, and defense cutbacks.

2. Most recently, however, the county claimed to be the fastest growing in the state, and while the rest of the state is enduring economic depression, Middlesex has been on an economic upswing, with major businesses having moved into the county. Improvements in economic condition were apparent in 1995-1996.

A

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

4a

1. The partnership is one of 13 regional councils first established and funded by the state to be part of a statewide regional planning network. As such, the partnership receives $75,000 annually for core administrative support. Subsequently, the chamber of commerce applied for CSAP funding to enhance the partnership's capacity. The chamber provided the partnership with early support and visibility, and one interviewee credited the chamber with having transferred some of its county credibility to the partnership in serving as the host agency.

4d

2. The partnership has been successful in reaching out to different sectors of the community, including businesses, schools, service providers, and police officers. It also has been successful in reaching out to the rural pockets of the county. As of September 1994, there were 150 individual and agency partners with formal affiliation with the partnership. The business sector has had the largest representation due to the leadership of the chamber of commerce (there have been more business and government and fewer treatment and civic board members).

4c

3. The partnership's board of directors is led by the president of the chamber of commerce. There also is an executive committee that can help the executive director make immediate decisions, an executive director (who serves as both the program director and the project director), an assistant director who manages the staff and its daily activities, and six major committees.

4. The partnership experienced some significant staff turnover in 1995, as the entire staff under the project director resigned. The diminished staff has become an unintentional advantage to the LPCs (see section on ***Community Implementation Strategy),*** forcing them to become independent and self-sufficient.

B. Common Vision:

1. The partnership's overall goal has remained the same since the outset, "to reduce substance abuse in the county by bringing people together at the local level and by assisting, enhancing, and coordinating their substance abuse prevention efforts. " The partnership adopted a strategy for reaching out to the county's adult and professional community, who interact with youth through an awareness process with a ripple effect that would trickle down to youths.

2. The partnership completed a regional needs assessment in June 1992. It then developed an action plan that was approved in May 1993, providing for specific implementation activities.

C. Community Implementation Strategy:

1. A major impact of the partnership has been its success in establishing and strengthening existing local prevention councils (LPCs). Through the partnership's efforts, LPCs were operating in all 15 communities by May 1994. The LPCs are committees of concerned residents who are committed to reducing substance abuse and empowering other residents to address substance abuse. The state had funds available for each local council. However, until the partnership began its work, these funds were being claimed by other community groups.

2. In its early years, the partnership assumed a directive role in establishing and working with the LPCs. During the last two years, the partnership has been less directive and more supportive (for example, partnership staff used to conduct LPC meetings, take their minutes, and document their activities). By 1995-1996, all of the LPCs have been conducting their own meetings and documenting their own activities.

3. Several of the projects funded by the partnership through its mini-grants program have become self-sufficient.

D. Coordination Function:

1. As a result of the partnership's work, the community's awareness of alcohol, tobacco, and other drug abuse issues and its ability to address them have increased; collaboration among community groups has increased, and me number of prevention programs and services in the county has increased.

2. Recognition of the substance abuse problem rather than its denial has been a major breakthrough. Now, a lot more articles about substance abuse appear in the local newspapers and there is a greater understanding of risk and resiliency factors. The partnership has created and distributed numerous brochures, posters, PSAs, and press releases designed to heighten community awareness.

3. Community members marveled at the partnership's ability to reach out to small and isolated pockets of individuals and the staff's ability to attend all types of community meetings.

E. Partnership as an Ongoing Organization:

1. In 1995, the partnership was unsuccessful in proposing to become an organization with 501(c)(3) status. The state's core funding only permits support for the executive director. However, state funding has been under scrutiny and may not continue at all.

2. While the staff turnover in 1995 made the LPCs more self-directed, it also served as a major obstacle in the partnership's continued organizational development and reduced the partnership's capacity for sustaining itself.

3. The partnership has been in the process of developing a strategic plan to support components of the partnership when its CSAP funding concludes. For instance, several of the LPCs may be able to continue their activities.

F. Rivals:

6

1. At the outset of the partnership, the county already boasted an abundance of substance abuse-related prevention and treatment resources.

2. Without the partnership, it is unlikely that the LPCs would have been formed in all 15 communities or that there would be regional coordination of prevention activities and services. The partnership provided a neutral forum where interested parties could come together and put aside turf issues to collectively address substance abuse.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The partnership has supported a broad array of activities, the most important of which has been the formation of the 15 LPCs. Prominent among the other activities have been a workplace program, supported by a workplace supplement grant and focusing on small businesses with 100 or fewer employees. The emphasis has been on training business leaders to provide peer support to other business managers regarding drugfree workplace policies, drug testing, and local policies. The program has been showcased at national meetings.

3a

2. The partnership's other activities target adults in other roles, such as camp counselors, coaches, and youth group leaders; parents; and a developmental dollars program (in 1996, the partnership funded 11 projects totaling $20,000). The partnership's community prevention activities had an overall dosage score of 45,136.

B. *Breadth and Depth of Prevention Policies:*

3 b

1. The partnership was instrumental in getting legislation passed to lower the legal BAC level for youth in the state from .10 to .02.

2. The partnership attempted other systems changes by supporting separate state legislation to reduce underage access to tobacco by increasing taxes on tobacco by 12 cents per pack; to restrict accessibility of vending machines; and to increase penalties for the fraudulent purchase of alcohol by minors.

2(H) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Middlesex County Substance Abuse Action Council (MCSAAC)

B18. Development of Local Prevention Councils (LPCs)*:* This activity, which began in February 1992, targets both adults and youth. The partnership organized the communities and established six LPCs and one Neighborhood Coalition consisting of more than 200 ongoing volunteers who work to implement prevention activities tailored to their communities' needs. The councils conduct alcohol, tobacco, and other drug prevention activities for their local communities and empower their citizens to address substance abuse issues. By May 1994, LPCs were operating in all 15 towns as a result of the partnership's work.

B13. Developmental Dollars Program: This activity began in summer 1993, providing direct funding to local community groups to support local prevention projects that are innovative, culturally appropriate, and supportive of community mobilization and collaboration efforts. The partnership awards these grants through a competitive process twice each year. In December 1994, the partnership funded 12 local prevention projects, distributing a total of $21,000; in June 1995, it awarded six projects and distributed a total of $6,000; and in 1996, it funded 11 projects, totaling $20,000. An estimated 2,000 individuals have been reached through this program.

B15. Taking Care of Business (TCB) Program: The partnership initiated this program in October 1993 through a one-year, $50,000 CSAP Community Partnership Workplace Supplement grant. TCB was designed to increase the business community's general awareness of substance abuse prevention. The program aimed to build and maintain a sustained system with structure to coordinate and incorporate the individual prevention efforts and interests of the business community; to engage businesses through increased knowledge and awareness of substance abuse and prevention issues; to develop a centralized resource site for use by businesses; and to implement an incentive funds program to support family-based prevention efforts sponsored by businesses for their employees and their families. The two goals of TCB are 1) to empower the Middlesex County business community to adopt a pro-active stance toward substance abuse prevention; and 2) to enhance Middlesex County workplace substance abuse prevention efforts through increased coordination of services. TCB employed four strategies to involve and engage the business community, which were implemented through four principal activities: the establishment of a peer-to-peer program; the publication of a bi-monthly newsletter; an incentive grants program; and educational substance abuse prevention events and materials. From October 1994 to summer 1995, the partnership continued to provide technical assistance and support to the chamber; since summer 1995, this participation has been decreasing.

(Continued on next page)

*Numbers refer to classification scheme in final cross-site report.

Exhibit 6 (Continued)

Middlesex County Substance Abuse Action Council (MCSAAC)

B15. **Peer-to-Peer *Program:*** **Through** this TCB initiative, business leaders are trained to provide peer support and information to other business managers regarding substance abuse and prevention issues such as drug-free workplace policies, drug testing, and local resources. After peers receive their training, they make ongoing site visits to other businesses that have requested substance abuse/prevention information. To date, ten business leaders have been trained and are scheduled to make "peer visits" on an ongoing basis. This program serves the needs of small businesses with 100 or fewer employees, including family-run businesses which often do not have the financial or human resources to access substance abuse prevention and intervention resources. The peer-to-peer Initiative has received national acclaim, was showcased at the Community Anti-Drug Coalitions of America's annual conference in 1995, and has been institutionalized by the Middlesex County Chamber of Commerce. The partnership's TCB coordinator was hired by the chamber to manage the program.

B17. Taking Care of Business—Business Matters: This bi-monthly newsletter focuses on workplace-related substance abuse and prevention issues and is published for the TCB program by the Resources for Education and Prevention (REP) subcommittee. As of April 1995, the third issue of this newsletter was published, containing articles by business persons. It is mailed to the approximately 2,000 businesses on the Middlesex County Chamber of Commerce's mailing list.

B17. Taking Care of Business—Incentive Funds Program: Through this mini-grants program, businesses are awarded funds to support stress management programs, smoking cessation programs, alternative activities for families, and parenting programs. The awards are made through a competitive application process.

A6. Workplace Prevention Workshops: The partnership held two three-hour workshops on workplace prevention efforts, marketing, and resource development in April and May 1996. The two workshops were for businesses, human service providers, and representatives of nonprofit agencies. A total of 68 individuals attended the workshops, which were organized and conducted by partnership staff.

B14. Annual Prevention Education Conference and Monthly Breakfast Meetings: The Middlesex County Chamber of Commerce continues to sponsor these prevention education events regularly as part of the TCB program. The first of the TCB annual conferences that focus on workplace substance abuse and prevention issues was held in April 1994, in conjunction with a monthly chamber of commerce membership breakfast meeting. The keynote speaker for the conference was Clinton cabinet member, Dr. Lee Brown. Over 500 business representatives attended Dr. Brown's keynote speech. Four workshops followed the keynote address and focused on 1) Substance Abuse Policy and Procedure/Legal Considerations; 2) Perspectives on Workplace Substance Abuse: 3) Low Cost Strategies for Small Businesses; and 4) Community Resources/Solutions to Workplace Substance Abuse. On April 6, 1995, MCSAAC hosted Dr.

(Continued on next page)

Exhibit 6 (Continued)

Middlesex County Substance Abuse Action Council (MCSAAC)

Donna Shalala, Secretary of the U.S. Department of Health and Human Services as guest speaker for the monthly breakfast meeting. Over 600 community members heard the Secretary's remarks that focused on a strong prevention message and praised the work of MCSAAC as a model representative of the CSAP Community Partnership program. In addition, two concurrent workshops were held, following the Secretary's address.

A4. Production of ***TCB Prevenfion Materials:*** During the partnership's fourth year, a variety of materials were developed for the TCB program. MCSAAC produced videos of the three peer training modules (legal issues, prevention technology, and managerial concerns). These videos are used to facilitate the ongoing training of new peers, in lieu of scheduling formal training sessions. The REP subcommittee also published a payroll stuffer/flyer focused on "holiday" substance abuse prevention issues and was distributed by local employers. MCSAAC also developed Middlesex County's first Substance *Abuse Treatment and Aftercare Resource Directory,* which is used in the peer-to-peer program.

B14. "Do As I Say And As I Do" Role Model Training Program: The focus of this skill-building program is to train adults who work with youth on the importance of serving as positive role models. The program uses 1) a series of workshops targeted to various youth providers and 2) an educational brochure that is distributed to staff and volunteers from agencies unable to attend the training series. The training targets five groups of people who have a strong influence on youth: 1) camp counselors, 2) coaches, 3) college students serving as community volunteers, 4) church youth group leaders, and 5) local chapters of national youth-serving agencies (i.e., Salvation Army, YMCA, and scouts). In 1994, 45 camp counselors and university student volunteers were trained; in 1995, 55 coaches and volunteers working for local chapters of national youth-serving agencies and community members were trained. Additional workshops continue to be conducted each year.

A6. ***Community Awareness Activities:*** This activity was initiated last year and is based on MCSAAC's 1994 community awareness plan to 'raise community awareness about alcohol use and its affects on the community." MCSAAC's prevention committee maintains a community awareness Subcommittee that plans regional community awareness events. The subcommittee continued to focus on raising parents' awareness of the impact of alcohol on their children and their communities and developed campaigns and programs initiated by the LPCs. MCSAAC adopted various strategies such as newsletter articles, newspaper articles, PSAs, billboard campaigns, national awareness months, posters, brochures, libraries, and fairs, to reach out to parents, youth, schools, liquor store owners, and other citizens.

A6. ***Matters of Substance:*** This quarterly newsletter provides current information on substance abuse prevention issues, research, events, and resources, and is published by MCSAAC during the fall, winter, spring, and summer. It is distributed to 1,200 individuals and organizations.

(Continued on next page)

Exhibit 6 (Continued)

Middlesex County Substance Abuse Action Council (MCSAAC)

B14. Parenting Workshops Program: Through a contractual agreement with Old Saybrook Youth and Family Services, MCSAAC offers subsidized parenting programs to community organizations/groups in Middlesex County [May-December 1994]. Products of this program include advertising flyers and a status report.

A6. Community Prevention ***Conference:*** During its first three years, the partnership convened an annual Community Prevention Conference. However, in its fourth year, the partnership's conference subcommittee reallocated the funds traditionally used to convene the community conference, distributing $770 directly to each local prevention council in Middlesex County to use to do local training and skill-building events. Many LPCs reported that community mobilization has increased significantly as a result of these local training efforts. To date, nearly 500 community members have been served directly through the conference program this year.

B14. Community ***Training:*** In 1995, MCSAAC's Community Trainer began conducting a variety of training events designed specifically to meet the needs of the targeted group. In April 1995, a six-hour facilitation training session was conducted in East Haddam to enable fifteen high school students to conduct a schoolwide forum. An introductory peer mediation session was offered to fifteen youths involved with Old Saybrook Youth and Family Services. Team-building exercises were provided to the Long River Village Tenants' Association in May and again in July. Other July events included the new games training for 15 youths involved in the East Hampton Youth Services summer program and a six-hour training session, "Bridges Between Community Organizations & Religious Groups," conducted in coordination with the Chaplain's Office of Long Lane School in Middletown. The Community Trainer facilitated a strategic planning session with local prevention council representatives at the September RPC meeting and coordinated a "Come Together" Leadership Conference in August that was held for LPC leaders, tenants' association officers, outreach workers, and several members of the MCSAAC board of directors. The conference focused on leadership skills, empowerment and delegation issues, and creative problem solving.

A6. Annual Council Meeting: Since October 1992, the partnership has held an annual meeting of all its members to review the previous year's programs and accomplishments. This year's meeting was held on October 26, 1994, and included an annual report by the partnership's executive director and evaluator, a review of 1993-1994 MCSAAC highlights, and an address by the state's Assistant to the Commissioner for Substance Abuse at the Connecticut Department of Public Health and Addiction Services. The partnership's staff planned the meeting and prepared the agenda. A total of 57 participants attended, representing 54 organizations.

A6. Annual Council Workshop: MCSAAC held its Annual Council Workshop entitled, "Is Prevention Pork?" on January 23, 1995. This skill-building event focused on the definition of prevention, the continuum of services, resilience and the social development model, an overview of Connecticut's new state prevention plan, and showcased selected Middlesex County prevention programs as examples of prevention at work. Led by members of the Drugs Don't Work! organization, the workshop lasted about 1.5 hours and was attended by 64 community members, representing 61 organizations.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Middlesex County Substance Abuse Action Council (MCSAAC)

B6.* Zero ***Tolerance Initiative:*** MCSAAC collaborated with the Middletown Police Department to educate Middlesex County residents about proposed state legislation to lower legal blood alcohol content level for youths. In June 1995, the Connecticut General Assembly voted in favor of the bill to lower the blood alcohol content for youth in the state from .10 to .02. The bill was signed on July 11, 1995.

B7. Tobacco Initiative (House Bills 5106 and 5475): MCSAAC supported passage of state legislation aimed at reducing underage access to tobacco by increasing taxes on tobacco to $.12 (twelve cents) to fund an extensive education campaign to keep youth from smoking (House Bill 5106) and to restrict the accessibility of vending machines (House Bill 5475) by banning vending machines in nonadult-only locations as well as the free distribution of cigarettes, and sales of cigarettes in packs of less than 20 and increased enforcement provisions by increasing fines for sales to minors including revocation/suspension provisions for repeat violations.

B8. Senate Bills 375 and 377: These bills propose to increase penalties for the fraudulent purchase of alcohol by minors and for forgery committed in attempts to purchase alcohol. S.B. 375 raises penalties to a fine of not more than $1,000 or imprisonment of not more than 13 months, or both, and suspends licensure (driver's license) for not more than 90 days. S.B. 377 raises the penalty for forgery in the third degree, a misdemeanor, to a term of imprisonment of one year which shall not be suspended or reduced.

E16. Local Vendors' Policy Change to Restrict Alcohol Sales to Minors: MCSAAC's efforts to restrict the sale of alcohol to minors prompted local alcohol vendors/stores to notify each other when minors have tried to purchase alcohol at their stores.

*Numbers refer to classification scheme in final cross-site report.

Cabell County Coalition for Substance Abuse Prevention
(October 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. The partnership serves the entire county, whose population is 96,827, more than 50 percent of whom live in the city of Huntington. The population is 95 percent white and 4 percent African American. The students, faculty, and staff of Marshall University, located in Huntington, account for about 20 percent of the city's population.

2. Many of the county's residents are from Appalachia. Illiteracy and poverty are significant problems-nearly 40 percent of the county's students qualify for free or reduced lunch. About 70 percent of incoming kindergarten students come from single-parent households.

D

3. Alcohol and tobacco are primary substance abuse problems in the county. Of particular interest is that beer is considered a nonintoxicating substance according to the West Virginia state constitution.

4. A larger substance abuse problem stems from out-of-town drug dealers (from Cleveland, Columbus, and Detroit) who are trying to set up their markets in Huntington.

5. Two incidents had a significant impact on community awareness of drugs: in 1994 a 13-year-old was caught selling drugs, and two teens from Ohio were murdered during a drug transaction, with four teens linked to the commission of the crime.

B. Commercial Base:

1. The county's economy has been depressed for many years. Within the last two years, there have been a few major industry losses and cutbacks. Closures in the manufacturing industry are estimated to have led to the loss of 2,000-2,500 jobs. There have been funding cutbacks in the school system as well.

D

2. The county's agricultural areas are home to large marijuana crops. Police have had difficulty in preventing marijuana cultivation, both in rural areas (mixed in with corn crops) and in urban areas (starter plants in the basement of homes).

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. Twenty-one agencies came together to apply for the CSAP award, and the Boys & Girls Club of Huntington and Ironton serves as the lead agency.

-4d

2. The reluctance of the lead agency representative to allow the partnership to make decisions and develop the organization led to turnover in the project director position in 1991 and 1992 and withdrawal of some members from the partnership.

3. In March 1994, the former president of the partnership was hired as the new (third) project director. During the same period, the board of directors drafted by-laws and the partnership became incorporated. In early 1995, it received its 501(c)(3) status.

-4Q

4. Since the hiring of the third project director and establishment of the board of directors, membership has increased dramatically, from 21 agencies to 88 organizations, represented by more than 200 individuals.

-4c

5. Almost all the board members are from affluent backgrounds, while the partnership serves the **less advantaged communities of the county, and the partnership has been ineffective in bridging this gap.**

Furthermore, businesses have been reluctant to be proactively involved because of their underlying impression that the partnership spends too much time planning instead of taking action.

6. Becoming a member includes signing an agreement that commits the agency to active participation in the partnership. According to interviewees, many of the activities are staff-driven; the partnership needs to engage more actively in securing the support of community leaders and individuals in positions of power.

B. Common Vision:

-4b

1. Community members are invited to attend an annual strategic planning retreat. Subsequently, the partnership's project director creates a marketing plan. The process is nevertheless staff-driven. While the partnership and staff plans match on paper, over the past year there has been more emphasis on implementing staff projects and particularly projects that the staff feel would be likely to continue should the partnership cease to exist. As a result, the implemented activities do not appear to reflect the partnership's comprehensive vision and plan.

1

2. The definition of prevention in the strategic plan is as follows: "Prevention is a process of creating, supporting, and encouraging the positive conditions that reduce the chance that any individual will experience ATOD problems, allowing those individuals to achieve a health, risk-free lifestyle." While not specifically articulated, the partnership is using a risk/protective factor approach to formulate strategic plans for prevention activities.

C. Community Implementation Strategy:

5=0

1. The partnership has been involved in organizing high-risk communities to combat substance abuse. Its efforts have been most successful in the Fairfield West community in Huntington, which is an African American neighborhood. The Fairfield West Coalition, with the partnership's help, has implemented a number of prevention activities for youth. There have been unsuccessful efforts to mobilize Barboursville and Milton residents.

D. Coordination Function:

1. The partnership's success as coordinator is reflected by the 400-500 inquiries per month about two years ago for a period of six months, about services related to substance abuse prevention and treatment. The local evaluators of the partnership also noted that several informal linkages have developed and can be attributed to the partnership.

2. Since the current project director was hired, collaboration among service providers and community organizations has increased tremendously.

3. Partnership staff are active on different organizations and their committees. As a result, even if the partnership plays different roles in an activity, the partnership is always represented.

E. Partnership as an Ongoing Organization:

4f=0

1. The partnership received a one-year grant in 1995 from the West Virginia Tobacco Control Program. As of the last site visit, however, the partnership had no strategic plan for sustaining itself. The strategy of selecting activities to be continued is staff-driven rather than community- or volunteer-driven.

2. In the spring of 1995, the partnership also joined with four other CSAP-funded partnerships in West Virginia to form the West Virginia Alliance. Of the four, two received coalition grants from CSAP. The partnership hopes that this alliance will permit prevention efforts to continue, even if on a smaller scale and on a voluntary basis.

3. The partnership also is proposing to become a subrecipient of all substance abuse prevention funds that flow through the state to Cabell County.

F. Rivals:

-6 1. There are rival prevention activities with regard to youth. Youth are furnished with prevention messages and resiliency skills through programs like Project Charlie, Horizons, peer counseling courses, Just Say No Club, Optimist Club, and the Total Village program.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a 1. The prevention activities do not reach the entire county. For instance, the majority of activities have reached Huntington residents and to a lesser extent, residents in smaller towns. There is no evidence that the partnership attempted or has been successful in reaching the most isolated and perhaps most at-risk population in the rural, mountainous parts of the county.

2. Most of the activities have been chosen to keep youth substance-free and safe from drug-related violence, as well as to educate parents and adults on substance abuse issues. (The community's overall dosage score, 7,900, is in the medium range among all partnerships, possibly matching the size of the community .)

B. Breadth and Depth of Prevention Policies:

3b 1. A major policy accomplishment was the partnership's support of the passage of the clean indoor air regulation, prohibiting smoking in public places in the city of Huntington. However, the partnership has not been able to obtain its passage at the county level.

2. One of the partnership's prevention activities (Strike Out Drugs and Alcohol) resulted in a number of policy changes at the minor league baseball games held in the county, such as decreased container size for alcohol and restriction of alcohol sales in portions of the stadium. Indirectly, this led to removal of beer from the concession stand at the tennis center and to plans to reduce opportunities for alcohol consumption at Marshall University football games.

2(L) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Cabell County Community Coalition for Substance Abuse Prevention (CCCSAP)

B20.* **Fairfield West Community Coalition:** Provided financial support, technical assistance, and help in community activities to support formation of community coalition.

A6. ***Strike*** Out ***Against Drugs:*** Sponsored premiums at minor league baseball games for youth, provided tickets for underprivileged youth, broadcasted anti-drug messages over public address systems.

B11. Teen Club: Youth committee member worked with a student club at the university to secure space on Saturday nights for alcohol-free dancing and socializing.

B21. A Day at the Legislature: Organized an annual day at the state legislature to educate policymakers and their staff on substance abuse prevention. Brought together 50 service providers, other community partnerships, mental health centers, and treatment centers for the event.

B9. Afterschool Enrichment Program: Middle school program on substance abuse prevention included activities designed to enhance self-esteem, leadership, and communication skills.

Al. Safe Trick or Treat Program: Final event of Red Ribbon week held provides a safe environment for youth on Halloween and to keep them out of mischief. Event included a block party with service providers as vendors, passing out candy and literature; a costume contest, games, and a costume parade.

A6. ***Youth Violence Prevention Initiative:*** Week-long public awareness and educational campaign featuring prayer services and rallies, press conferences, television talk shows with viewer call-in segments, in-school assemblies, and public service announcements.

B9. Mini-Teen Institute: Program that brings together at-risk youth with peers interested in substance abuse prevention (as role models) in a retreat-like setting three days a week in the afternoon to discuss substance abuse issues.

B11. Project BASS: Program to link at-risk youth to sports activities and emphasize family activities. Coordinated with a national bass fishing tournament to take kids fishing. National sponsors provided equipment and prizes.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Cabell County Community Coalition for Substance Abuse Prevention (CCCSAP)
B10. Fairfield West Community Coalition Substance Abuse-free Spring Break Program: Educational, alternative activities for youth during the spring break. Activities included tours of criminal justice facilities, discussions with convicted drug offenders, field trips, question and answer sessions with police and judges, skill-building, personal hygiene and grooming events, recreational/athletic activities, and evening "fun" activities such as dances.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Cabell County Community Coalition for Substance Abuse Prevention (CCCSAP)

D12.* Clean Indoor Air Regulation: Local ordinance prohibiting smoking in public places in the city of Huntington which has led to increased attention to the problems of underage tobacco use.

E16. Strike Out Drugs and Alcohol Program-Alcohol Sales Regulations: As part of the program to educate the community on substance abuse prevention, the partnership worked with a minor league baseball team to decrease the container size for alcoholic beverages at the stadium, offer "2-for-l" soda promotions, and restrict alcohol sales in a dedicated substance-free area of the stadium.

*Numbers refer to classification scheme in the final cross-site report.

Lake County Fighting Back Project
(September 1990 - October 1995)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Lake County covers 454 square miles and has a population of 516,000, located on Lake Michigan between Chicago and the southern boundary of the state of Wisconsin (a 40-mile stretch). The county has 6 cities, 47 villages, and 48 school districts.

2. The population is 83 percent white, 7 percent African American, 7 percent Hispanic, and 2 percent Asian American. Economically disadvantaged people are concentrated in the communities of North Chicago, Round Lake, Waukegan, and Zion. The county is very affluent, with high average household incomes, and the county has experienced considerable growth that has changed rural areas into commuter suburbs.

3. Alcohol has been the major drug of abuse, followed by marijuana and cocaine, and DWI seems to be a particular problem in Waukegan, with rates increasing 66 percent from 1993 to 1994. Alcohol use, experimentation, and abuse seem to be on the rise among the youths, with DWI also a problem prevalent among the youths. In addition, teens may have greater access to alcohol if the neighboring state of Wisconsin passes a law lowering the drinking age from 21 to 18. In spite of the prevalence of alcohol problems, there were no apparent prevention messages in the newspapers or media, or on highway billboards.

4. Abuse of illegal drugs appears to be on the rise, with increased drug seizures and drug arrests. Gang formation also is on the rise, with 11 organized gangs in the Waukegan area.

B. Political Conditions in the Community:

1. The county has a complex governmental environment, with a county board system of government, 18 townships, and 50 incorporated villages and cities within the townships. The local government therefore includes 50 mayors, police chiefs, etc., and there are over 100 public elementary schools and 19 high schools that fall within the 48 school districts. This environment makes coordination and cooperation a great challenge.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership was conceived in June 1989 by a group of individuals from the Northern Illinois Council on Alcohol and Substance Abuse (NICASA), the United Way, the health department, and the courts system. The group applied for but failed to receive a Robert Wood Johnson Foundation award. Because of the commitment to the partnership idea independent of this outcome, eight committees covering key sectors related to substance abuse (criminal justice, youth, family, business and labor, and so on) were formed at the original partnership meeting, and the United Way provided a startup grant of $40,000.

2. The partnership maintained its original structure for two years, with an executive council and the eight committees supported by project staff. The executive council comprises four elected officers and the chair, with the executive director of NICASA sitting on the council. In October 1992, the executive council held a strategic planning workshop, resulting in the restructuring of the project from its multiple

-4d -4e committees into four action teams: healthy child and family, partnership action team, technical assistance, and public policy. After the reorganization in early 1993, the partnership lost some of its original leadership and members. Coupled with staff turnover (including four project directors during the first three years), the partnership changed focus, broadening beyond substance abuse and emphasizing community organizing. The present partnership members view substance abuse prevention more as promoting community enhancement and protective factors than as a way of deterring substance abuse. However, some of the committees operate quite independently, and the youth network and religious committee, for instance, did not reorganize under the new 1993 structure because they felt they were operating well already, and they continued functioning.

4c 3. From its very beginning, the partnership was large, with over 200 members listed in its April 1991 directory. By 1992, the number had reached its peak of 400 members. Most of the members are professionals in criminal justice agencies but include numerous organizations within and outside of criminal justice. The partnership originally intended to represent five sectors (criminal justice, education, grassroots groups, business and industry, and healthcare), to which the military (a naval training center is one of the largest employers in the county) was later added. Key members have been NICASA, a public health coordinating council (see ***Rivals),*** a local group, and the United Way. The partnership has targeted almost all major sectors but has had some difficulties reaching out to the business community.

4. The staff have played a significant role and have been employees of NICASA. They include a project director, two full-time community coordinators, and one part-time assistant community coordinator.

B. Common Vision:

1 1. The mission of the partnership is to "promote an environment where healthy life styles, hope, and opportunity replace the abuse of alcohol, tobacco, and other drugs for all persons in the Lake County community. " The primary goal was to develop a systems approach to "coordinate current efforts, develop long-range strategies, and stimulate the implementation of new services," in part by influencing environmental risk factors for the three major income levels (high, medium, and low). After reorganizing, the partnership refocused on developing the prevention capacities within the individual 50 communities comprising the county and providing a communication and coordination mechanism for the local efforts. However, the partnership was never able to develop a comprehensive, long-term prevention strategy to guide the efforts of its different components.

4b=0

C. Community Implementation Strategy:

5 1. One of the four action teams in the 1993 reorganization was the partnership action team, whose role was to promote and support the development of community partnerships in each of the county's communities and to function as an ongoing resource through training and networking opportunities. As a result, the partnership started with six and now consists of 17 local (community) partnerships. The original partnership has broadened its mission to serve as a coalition, with some of the local partnerships sending representatives to the executive council, and the coalition was successful in obtaining a CSAP coalition award in 1995. Each local partnership operates independently and decides for itself how to approach substance abuse prevention.

2. A steering committee composed of representatives from each action team and members of the executive council makes recommendations for the awarding of direct service dollars to local agencies or organizations to implement local partnership strategies.

D. Coordination Function:

1. There has been no strong coordination among the local partnerships, which operate more or less autonomously, and no comprehensive plan provides guidance or overall goals. At the same time, the local

partnerships have focused on the broader aspect of improving the quality of life in their communities, and not just substance abuse issues, possibly making coordination less of an issue.

2. The partnership is credited with being the driving force behind the now considerable exchange and coordination among a number of local and county agencies such as law enforcement and service providers.

E. Partnership as an Ongoing Organization:

4f

1. Even before learning about the CSAP coalition award, the partnership had decided to relocate and change its fiscal agent. Gateway, which currently only provides treatment services, has agreed to serve in this capacity, thereby expanding Gateway's scope of work. In addition, the staff and partnership members have sought to transfer at least some of the partnership's functions to other organizations.

F. Rivals:

1. A number of prevention programs operated prior to the start of the partnership, including school-based programs. Further, the partnership was established in an environment in which a comprehensive prevention network already existed, the fiduciary agency of the partnership already having supported prevention efforts for many years. The county also has a good number of prevention efforts, supported within the schools, in social services, and among law enforcement agencies. In addition, state law requires the local social service agencies to establish local networks (not necessarily focusing on prevention). As a result, the public health department established a coordinating council for local area networks in 1993. Within this context, the partnership has continued to focus attention on the collaborative needs in the prevention area.

6

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. The partnership's most important prevention activities have been training and roundtables for local partnerships, law enforcement roundtables, the provision of development dollars to local prevention projects, and the establishment of a prevention resource database. The partnership also has carried out a number of incentive activities. No tracking was done of the prevention activities carried out by the individual local partnerships. The partnership's community was assessed as having a dosage score of 3,276.

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership established a "fax tree" to inform and alert members about legislation being introduced that could impact substance abuse prevention, with about 50 members participating in the fax tree. The partnership supported a zero tolerance law that was enacted in January 1995, introducing lower blood alcohol limits for young drivers, and increasing fines for such acts as using fake IDs and transporting alcohol. The partnership also promoted a county-wide teen curfew and promoted training for alcohol servers at festivals.

2(M)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Lake County Fighting Back

C24.* Roundtables* for *Local Partnerships: Planning, developmental training, and technical assistance provided to local partnerships for the purpose of assisting local communities in developing their own programs. This activity is ongoing with workshops attended by 20 to 75 participants held periodically.

B21. Law Enforcement Roundtables: Meetings with local law enforcement agencies to exchange information and coordinate prevention efforts among the 50 communities in Lake County. Approximately ten representatives from local agencies generally attend roundtable meetings on an ongoing basis.

B13. Developmental Dollars: Provision of funding to community prevention organizations and local government agencies for the development of local prevention efforts. In FY1994–1995, eight projects were funded with dollar amounts ranging from $650 to $2,000.

A7. Fax Tree: Dissemination via fax of information regarding legislation that could impact substance abuse issues and prevention efforts. About 50 community members currently participate.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Lake County Fighting Back
A1.* Promoted a countywide teen curfew.
E16. Promoted training for alcohol servers at festivals.
B6. State zero tolerance law for under 18 drivers. Reduced BALs for drivers under 21.
B5. Fines for transporting open alcohol containers in automobiles.
B5. Additional fines for transporting minors while intoxicated.

*Numbers refer to classification scheme in the final cross-site report.

Partnership for the Prevention of Substance Abuse of Lynchburg
(October 1991 - July 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. In 1993, Lynchburg, Virginia's total population was about 68,000 persons, of whom about 71 percent are white and 28 percent African American. The city is considered medium-sized, and the partnership defined the entire city limits and its four wards as its target area. Each of the four wards has distinct socioeconomic and ethnic characteristics. Overall, about 29 percent of the households in Lynchburg had incomes ranging from $10,000 to $15,000.

2. Lynchburg has four, four-year colleges and is sometimes referred to as the city of churches by residents because of the many churches located there. As a more recent phenomenon, leaders are emerging within the community who are relatively recent arrivals to Lynchburg. The majority of the new city council members, who are elected every two years, has brought a conservative perspective, with more emphasis on law enforcement and less emphasis on prevention efforts. The city also has experienced the effects of state budget reductions for localities and government downsizing, resulting in the need to do more with less.

3. At the outset, the partnership, as well as nonmembers, viewed alcohol as the major drug problem in the city. Crack later became a significant problem, directly causing the emergence of at least three outdoor drug markets in the city. An escalation in violence and criminal activities as a result of drug use has created fear within the community. In addition, the involvement of youth in the selling and distribution of drugs and the large number of inner-city youth involved in drugs have caused concern.

4. Although residents are aware that the community is faced with a drug problem, some groups will not acknowledge it, a denial seen mostly among suburban residents. The faith community has maintained a low profile and not been involved in prevention efforts. Its attitude was reflected in part in a needs assessment conducted by the partnership. While the majority of respondents identified drug abuse as the biggest problem facing Lynchburg, the lone exception were the church leaders, who rated crime, child abuse, and family breakups as the three biggest problems.

B. Commercial Base:

1. The economy has remained stable and the unemployment rate has been low. During 1993, one of the major industrial employers ceased operations, but in 1994 the newly established Orkand Corporation provided about 500 jobs. These low-paying jobs require less than a high school education.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership traces its beginning to a loosely formed human service coalition formed in 1980 and a statewide effort five years later to address substance abuse issues among youth. That effort involved representatives from the community services board, the schools, the department of human services, the police, and city government, a civic group, and a nonprofit agency, which became the original core partnership. The United Way was the original grantee organization, but the partnership eventually distanced itself from the United Way, also relocating physically out of its offices.

2. Membership recruitment has not been a problem, although official representatives from the four colleges have not been members (although they have participated). From the beginning, the partnership was a large group, having 218 members, which rose to 325 members a year later and 481 members at its peak. The partnership was at first comprised predominantly of professionals in health areas, but this has changed as a result of the community outreach. Nevertheless, some interviewees were concerned that the Ward Action Teams (WATs) do not guarantee full participation by residents, who are not part of the policy and decision-making process carried out by the board.

3. The partnership gives priority to youth involvement, having formed a youth advisory team. The group meets monthly with attendance by about ten youths between the ages 10 to 14.

4. The partnership has a board of directors, four elected officers, five standing committees (including an executive committee), and nine special action teams. However, not all committees and teams have been activated or active. The partnership also formed four Ward Action Teams, representing each of the wards.

5. The partnership has experienced staff turnover during the past 18 months, but mostly for positive reasons such as professional advancement. However, throughout the years people have recognized the staff's importance, especially that of the project director.

B. Common Vision:

1. During its second year, the partnership contracted for a needs assessment, which was then used to develop a written strategic plan and a planning process that began in October 1993 and completed by 1994. The plan has been the guiding force in defining partnership priorities and designing initiatives and programs.

2. Most recently, the city's leadership, along with the chamber of commerce, identified substance abuse issues as one of the 13 quality of life components in Vision 2001, the reinventing Lynchburg project. The partnership's invitation to participate in this effort is due in part to its success and the community's great respect for the partnership.

C. Community Implementation Strategy:

1. The WATs were formed for community participation and input. A staff person or community outreach organizer is assigned to each WAT. Each has its own by-laws and identifies its own goals and priorities, but must have their policy issues approved by the partnership's board of directors.

2. The only problem that has affected the partnership's functioning is the disbanding of one of the WATs because of personality-related issues and the belief that the board did not support the WATs' actions. The board was able to effectively address the issues, and letters were sent to members inviting them to continue participating.

3. Among the prevention activities is a developmental funds effort that led to funding seven grassroots efforts.

4. The partnership also has developed an active relationship with the community planning department. That department focused for many years on land use planning and was preoccupied with the annexed areas of Lynchburg, but has now turned to neighborhood planning, viewing neighborhoods as basic service delivery mechanisms for the future. This change in focus can be attributed in part to the partnership's efforts. Another strategy implemented by the planning office is the formation of leadership teams and a pilot project targeting a low-moderate income, primarily African American and distressed community suffering from the signs of drug activity. The partnership has been an active participant in this project from the beginning, and the city hopes it will become a model for using planning departments to address safety issues in the future.

D. Coordination Function:

1. Although existing initiatives provided a structure for the coordination of services, they did not develop the infrastructure needed to facilitate community participation, and the partnership was designed to fill that void. Such participation was to occur through the WATs.

3a

2. In addition, the partnership has become well respected for its role in developing, supporting, and coordinating substance abuse prevention efforts. There is not another entity in the community providing the level of training, technical assistance, leadership and resource development, and community organizing efforts as the partnership.

E. Partnership as an Ongoing Organization:

4f=0

1. The partnership has conducted an intensive assessment of itself in preparation for the ending of the CSAP funding. Three levels of program effort have been identified, and appropriate resources are being sought to support each level. For instance, the partnership hopes that the WATs will become part of the city's neighborhood services resource committee. As another example, if the partnership becomes a part of city government, the workplace initiative might become part of the chamber of commerce.

F. Rivals:

1. Many agencies had been involved in substance abuse prevention and treatment prior to the partnership. In addition, another characteristic of the Lynchburg community is its social work network, so that the partnership was preceded by about ten years of coalition-centered communication among the major human service providers. Predating that was always a social service environment that emphasized interagency communications. However, during the partnership's years it has provided coordination, technical assistance, or funding to every known prevention effort in the city.

-6

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The partnership launched a media campaign in 1993-1994, as one example of how the partnership addresses the issue of public awareness and maintaining community support for prevention activities.

3a

2. The partnership has received numerous accolades from the community for its efforts to enhance community awareness and prevention services in Lynchburg.

3. There is general agreement that an annual, three-day training session for youths has been one of the most important prevention activities. An average of 180 youngsters attends these sessions. The partnership also received a workplace supplement from CSAP and carried out initiatives aimed at small businesses. The overall dosage score for the community was 69,070.

B. Breadth and Depth of Prevention Policies:

-3b

1. The partnership has not been involved in policy-oriented initiatives related to public or private regulations or ordinances.

2(M)

Assessment of exhibit.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES OF THE PARTNERSHIP

The Partnership for the Prevention of Substance Abuse of Lynchburg

B1. * Court ***Alternative Program:*** A family communication skills workshop for first-time juvenile offenders. Provides the court services unit with an option for handling first-time offenders within the court system.

B11. Lynchburg Youth Connections: An annual three-day training retreat which targets 180 youth aged 8-12.

B13. Program Initiative Funding: Implemented to fund grassroots program efforts to address risk factors and diverse neighborhood problems. Provided funding for seven local programs in 1994,

B16. **Media *Campaign:*** Implemented in 1994. The campaign was designed to reach the entire community; change favorable attitudes toward alcohol, tobacco, and drug use; be cost-effective; and educate the media.

B17. The Drug-free Workplace Initiative: Supported by supplemental grants from CSAP and the Virginia Department of Transportation for the purpose of increasing the design and implementation of drug-free workplace policies for small businesses.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

There were no prominent preventions regulations or policies promoted in this partnership.

PACEsetters Coalition
(1990 - 1995)

1. Community Conditions

A. Social and Drug Conditions in Community:

A

1. Brevard County is situated in central Florida, stretching 72 miles along the coast and including 15 small cities, the Kennedy Space Center, rural areas, and resorts. The population is about 400,000, and minorities account for less than 10 percent of the total. The economy is based on tourism, retirees, and the military.

2. The county has suffered during the last several years due to cutbacks in the space industry. During 1994-1995, the community witnessed continuing layoffs in the defense and aerospace industries. It is estimated that 60,000 high-tech workers will have been laid off between 1992 and 1997, and new aerospace closings are still scheduled. Cutbacks in state funding for local agencies have produced further strain, such as reductions in the drugfree schools program and other school programs dealing with high-risk youths.

3. Bars are numerous, and as a result there are numerous alcohol-related accidents and arrests. However, communities in the northern end of the county do not categorize alcohol as a drug. In some parts of the county, parents are known to sponsor supervised drinking parties for their underaged children as part of a "coming of age" drinking ritual.

4. Illegal drugs, are not tolerated, but the county is a major point for drug trafficking, due to the interstate and the ocean-front, and these problems seem to have worsened in the early 1990s. Now, many youths are using drugs.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The grantee organization started in 1979, had been a leading provider of prevention services prior to the formation of the partnership, and continues to have such a role to this day. The grantee organization coordinated two county-wide drug summits in May and September 1989, which led to the formation of the partnership. The partnership was intended to go beyond the grantee organization by focusing on coordination of services, increasing grassroots involvement, and rising above politics and financial competition, all of which had been problematic for the grantee organization. The partnership also received a workplace supplement from CSAP in 1994.

2. The partnership's membership grew from 12 in 1989, to 30 at the time of the CSAP award, to 250 in 1991, with over 100 members by 19951996. Membership focuses on the individual, not the agency or organization represented by the individual. However, because there are no formal requirements for becoming a member of the partnership, people attending partnership meetings do not know their roles and often do not participate in planning or activities. At its peak, the partnership is a broad-based community network, with a strength being its grassroots and multicultural nature.

3. The partnership has an executive board with officers elected for one-year terms and nine committees (or commissions): court alternatives, recreation, high-risk communities, drugfree schools, parenting, construction trades drugfree workplace, local community partnership, community action, and juvenile justice. The executive board and the heads of the committees are voting members of the board of directors. However, active membership began to dwindle in the spring **of 1995, with the end of the** CSAP award nearing, **and by July 1995 only three committees and a handful of board members remained active.**

-4C

-4d
1-e=0

4. In 1992, the partnership underwent major changes in by-laws and also as a result of turnover in the project director and president positions because of philosophical differences about the partnership's operation. Further turnover occurred in 1993, with the dismissal of the project evaluator. Despite these changes, the partnership has successfully implemented several long- and short-term partnership and prevention activities.

B. Common Vision:

-4b
1

1. The partnership adopted the social reconnaissance system of involving focus groups in obtaining information about community conditions contributing to or preventing substance abuse. Nevertheless, the process did not result in a written strategic plan. In general, the committees are organized to reflect the reduction of risk factors for both parents and youths and to increase protective factors for youths.

C. Community Implementation Strategy:

5=0

1. In terms of geographic coverage, the partnership has tried to implement activities and prevention efforts on a county-wide basis [only], with mixed opinions from members about this approach, given the county's size and the differences in substance abuse problems in the north and south. One local area did develop a drugfree partnership that was still operating strongly by 1995. In addition, one of the nine committees (community action) had components in various communities.

D. Coordination Function:

3a

1. The partnership claims strong impacts in networking, coordination, and collaboration. One example is within the county parks and recreation department, whose units did not cooperate even with regard to a common calendar or the setting of dates for public events.

E. Partnership as an Ongoing Organization:

-4f

1. In February 1995, the partnership began planning meetings to explore the issue of continuation. The board of directors began examining exemplary activities that the partnership would leave behind in the community at the end of the CSAP grant, identifying those supported by three of the committees: the interaction committee, the recreation committee, and the single drugfree local partnership. However, by the summer of 1995, even the plans to continue the exemplary projects were not firm with regard to organizational setting or funding support.

F. Rivals:

6

1. The grantee organization continued its numerous prevention activities during the period of the partnership. In addition, one chamber of commerce in the county pioneered the targeting of drug problems in the workplace, the sheriffs department increased enforcement of laws prohibiting sales of alcohol to minors, MADD became more active, a new state law implemented in January 1994 reduced BAC levels, and drug elimination funds have been received through HUD. As a result of all these activities, it is impossible to attribute changes in substance abuse solely to the partnership.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. The partnership undertook a variety of prevention activities aimed at individual, family, school, peer, and community domains and including community awareness, education and training, community mobilization, and developmental dollars activities. There was also a separate effort focusing on establishing drugfree workplaces in the construction trades. The community's overall dosage score was 240.

B. Breadth and Depth of Prevention Policies:

3b 1. The partnership has been involved in at least two policy changes, the first calling for a drugfree workplace requirement among the qualifications for bidding on new construction projects (at first reject in early 1995 but then passed in November 1995) and the second being a city resolution calling for the designation of one of the county's cities as a drugfree community.

2(L) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

PACEsetters Coalition

B13.* Establishment of the Satellite Beach Drug-Free Community Partnership: Developmental dollars grant made to Satellite Beach to establish a drug-free community partnership in 1994.

B9. Leadership Education Attainment Program (LEAP): LEAP is a school-based prevention effort aimed at youth at risk of dropping out of school. LEAP evolved from the PACEsetters youth clubs during 1991, 1992, and 1993. In 1994, it was delivered weekly at four area middle schools reaching approximately 120 students. Thirty-one percent of the parents of youth enrolled in the LEAP program attended LEAP training.

B17. Construction Trades Drug-Free Workplace Task Force: The task force implemented a number of activities: it developed a drug-free workplace policy manual; held a countywide educational conference; conducted support and advocacy for a drug-free workplace bidder qualification standards for the school board; and arranged for a consortium purchase of drug-testing services.

B14. Student Guide to Street Law: Developed as a prevention education tool, the guide provides basic legal information, information on common juvenile offenses, and the impact of a criminal record. The guide also provided information on trouble-free living and serves as a resource book. The Student Guide has been used in 12 junior high schools. Two thousand guides were printed and 500 were distributed.

B22. Technical Assistance to the Juvenile Justice Council: PACEsetters provided technical assistance to the Brevard County Juvenile Justice Council on a variety of issues including strategic planning, community-based initiatives, and substance abuse prevention. This led to the joint development of a comprehensive countywide juvenile justice action plan.

B22. Establishment of Coordinated Youth Services through the Recreation Commission: A recreation commission was established in 1992 to provide coordinated services to youth in the county. PACEsetters became a recreation activities dissemination mechanism for advertising all activities to community youth.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

PACEsetters Coalition
D14.* Construction Trades Drug-Free Workplace Task Force: Implemented changes to the pre-bid qualification requirements for new and refurbishment construction projects to include a drug-free workplace requirement, in November 1995. A3. ***Satellite Beach:*** Secured the passage of a city resolution in 1994 declaring the city as Brevard County's first drug-free community. Support from PACEsetters provided printing of drug-free community posters at the four entrances to the city.

*Numbers refer to classification scheme in the final cross-site report.

San Fernando Valley Partnership
(September 199 1 - July 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. The partnership targets a large segment of Latinos in the San Fernando Valley and four municipalities in Los Angeles-close to one million people. The valley covers roughly 250 square miles and has a population of more than 1.2 million people. The valley includes one incorporated city, San Fernando, as well as several municipalities that fall under the jurisdiction of Los Angeles City (North Ridge, Pacoima, Sylmar, and Van Nuys). While the valley is generally considered an Anglo, middle-class bedroom community, a closer look reveals pockets of extreme poverty among the affluent areas.

A

2. Latinos comprise a large segment of the population targeted by the partnership. The majority are of Mexican descent, and the profile of Mexican immigrants has changed in recent years. Recent migration from Mexico accounts for the sharp population increases during the last decade, but the fertility rate of immigrant women also is high-estimated to be 40 percent higher than that of Anglos.

3. In terms of illegal drugs, California has been the focal point of narcotics trafficking between Mexico and the United States.

4. Interviewees cited alcohol as the most widely used substance in the valley, and among the Latino community alcohol is seen as socially acceptable and in some ways a rite of passage for Latino males. Alcohol abuse does not seem to be an issue of concern. However, an increase in alcohol-related traffic accidents has led people to become aware of its consequences.

B. Political Conditions in the Community:

1. Latino political participation lags far behind its share of the population. There is only one Latino councilperson among the six Anglo councilpersons elected in San Fernando City. Gloria Molina became the first Latino in over one hundred years to serve on the Los Angeles County Board of Supervisors, an extremely powerful body.

2. Proposition 187 denies health, education, and social services to undocumented immigrants and seems to target directly the Latino immigrant population. Passage of Proposition 187 has resulted in mistrust and tensions between well-established and newly undocumented immigrants.

3. Health-related programs receiving city funding have been affected by cutbacks and reductions in prevention and special programs money.

C. Physical Conditions :

1. The valley experienced drastic social, economic, and physical changes as a result of the 1994 earthquake that centered in Northridge. The housing department estimated that more than 20,000 housing units were severely damaged or destroyed as a result of the earthquake. After the initial earthquake, more than 6,000 aftershocks further exacerbated problems. Many people also lost their jobs.

2. The earthquake also impact substance abuse in the valley. In particular, interviewees noted an increase in alcohol use and family violence.

D. Commercial Base:

1. An important condition that impacted the community in 1993 was the closure of the General Motors manufacturing plant. Many residents (number unknown) were laid off in the Midvalley/Blythe area.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership is composed of representatives from eight community organizations from the San Fernando Valley and the municipalities of Los Angeles. The eight service providers began meeting in early 1990 to explore ways of developing a coordinated and comprehensive approach to substance abuse prevention. The grantee organization is the Latin American Civic Association of San Fernando Valley, Inc.

2. The earthquake that occurred in January 1994 dramatically impacted the partnership's progress. Partnership staff, members, and target communities suffered great losses during the earthquake, which forced the partnership to temporarily shift focus to address the immediate needs of the community, such as food, lodging, and communication. CSAP's supplemental disaster grant resulted in a six-month shift from substance abuse prevention to crisis intervention.

3. According to partnership records, there are 108 members, however there appears to be confusion among those involved about what constitutes a member-whether membership only included the expanded board of directors or whether it also included all of the members of the community councils.

4. The partnership's original board of directors consisted of four elected officers, and in 1993 the board created three subcommittees (personnel, finance, and planning). The board meets quarterly, but by late 1995 it was in a process of transition. Originally consisting primarily of founding members, the board had experienced a drop in attendance and poor participation by the community councils. As a result, the board now includes 21 members (11 community-based organizations and 10 community council representatives).

5. Mobilization of grassroots community members constitutes a major partnership effort. The partnership has five neighborhood specialists whose major function has been to recruit and organize citizens at the grassroots level, working with existing groups and organizations to gain faster access and acceptance in the community (also see ***Community Implementation Strategy,*** below).

6. In keeping with its community empowerment strategy, the partnership did not assign a staff person to oversee the councils' prevention activities until 1994, hiring a prevention coordinator to fill this gap. The partnership's first director, who was its founder, left the organization in 1995 and was replaced by the second in command. Interviewees said it was a smooth transition.

B. Common Vision:

1. The partnership's single long-term goal is "to reduce substance abuse in the community and the destructive influence which it has had on people, especially youth, and to further eliminate the tolerance of substance abuse which has prevented people from impacting the problem in the past." However, because the partnership operates under a community empowerment paradigm, it has not outlined specific objectives regarding any valley prevention plan.

2. The partnership is using a community empowerment paradigm, reflected in part by an inverted pyramid reflecting its organizational structure.

3. The partnership's prevention activities are carried out by five community councils, and no overall prevention strategy has been adopted by all councils. Rather, the councils use findings from their needs assessments to design and implement their own prevention strategies.

C. Community Implementation Strategy:

1. The size of the partnership's geographic area and population has led the partnership to develop five community councils-West Valley, Midvalley/Blythe Street, East Valley, San Fernando/Sylmar, and Northeast Valley. Each council operates as a community partnership, with broad representation from its geographic area, and the overall partnership provides a staff person to work with each council.

2. **The largest** council has 45 active members, two have 35 members each, a fourth has 30 members, and the fifth dropped to 4 members and has had difficulty articulating community goals and competing with other active community groups.

3. Because the Latino community lacks adequate resources and has been marginalized, community organizing seems to be an important step toward empowerment and may be one of the most effective strategies when working with this group.

4. The lack of systematic, reliable data involving Latinos prompted the partnership to get each community council to focus on extensive evaluation and research to assess the availability of prevention resources and to identify high-risk factors that relate to substance abuse. This process began in 1993.

D. Coordination Function:

1. One outcome of the partnership has been coordination of services within the valley and the establishment of a network of service providers both at the board of directors level and within the individual communities. The partnership and neighborhood specialists coordinate with existing prevention efforts and provide training to service providers.

E. Partnership as an Ongoing Organization:

4f

1. The partnership has successfully institutionalized its program by incorporating itself as a separate, non-profit organization.

2. The new organization received two new CSAP grants, one for community coalitions and the other for high-risk youth in one of the five communities. With the new coalitions award, the partnership will extend its efforts to the African American population.

F. Rivals:

6

1. A number of prevention services generally target the same population as the partnership. In addition, the local law enforcement agency has undertaken several initiatives, including ones focusing on specific communities and others that are citywide, using nontraditional methods-including obtaining the cooperation of landlords and community groups-to fight drug trafficking. The partnership has been successful in partnering with most of these other efforts and has produced a more comprehensive approach to substance abuse prevention in the Latino communities [but any evidence for this claim is not clear].

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a=0

1. One partnership focus has been reducing alcohol advertisements on billboards and advertisement of hard liquor on the Spanish television network. For instance, partnership members met with a billboard company to negotiate a reduction in the number of alcohol billboards in the Latino communities, and a 50 percent reduction was negotiated.

2. Most of the prevention activities carried out by the councils focus on youth activities. For instance, gang members are now able to obtain a special use permit from the parks department and compete with other softball teams in a recreational league. The partnership community's overall dosage score was very low (3 1,703) in comparison to the size of the communities being served.

B. Breadth and Depth of Prevention Policies:

-3b

1. The partnership has mainly focused on affecting advertising (both billboards and eliminating hard liquor advertisements on the Spanish TV network).

2(L) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

San Fernando Valley Partnership (SFVP)

A1.* Annual Clean and Sober Festivals: Marked the beginning of Red Ribbon Week celebration.

B15. Emergency Earthquake Relief Activities: Activities developed to aid victims of the 1992 California earthquake, addressing substance abuse prevention in the aftermath of the disaster. Activities were funded by CSAP Supplemental Grant.

B14. Billboard Art Contest: Activity targeting local students. Activity consisted of a poster contest with a substance abuse prevention theme. Art winning posters were used for the development of prevention billboards showcased in the San Fernando Valley community.

B18. Telemundo Liquor *Advertisement* ***Protest:*** Mobilized community members to protest against the advertisement of hard liquor by the Spanish television network, Telemundo.

B14. Youth Summit: Educational prevention activity planned, coordinated, and implemented by youth from all councils from the San Fernando Valley.

B15. Northeast Valley Community Council: San Fernando Garden Drug Awareness Art Show; Junior Trooper Induction (San Fernando Gardens); and Pacoima Coordinating Council Installation: Harold White.

B14. East Valley Community Council: Educational workshops for parents; Sun Valley Health Fair; town hall meetings; and alternative recreation program (softball league).

B11. West Valley Community Council: Drug-free dance for teens; town hall meetings; community presentations on substance abuse issues; Red Ribbon Week activities involving 12 schools; and alternative activities for youth.

B15. San Fernando/Sylmar Community Council: Cesar Chavez Memorial March; crisis outreach to drop-out students; community presentations on substance abuse issues; billboard contest; and council members brought substance abuse issues before the city council.

B11. Midvalley/Blythe Street Community Council: Softball and soccer teams; resident outreach activities; marathon running (training programs for youth); Vecino a Vecino Fiesta; give-away toy activity; alternative/gang prevention activities for youth; training for parents on substance abuse issues; tutoring program; and award ceremony for youth.

*Numbers refer to classification scheme in final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

San Fernando Valley Partnership (SFVP)
E15. Caldera Bill
E15. Eliminate hard liquor advertisements on Spanish TV network
E15. Limit the number of liquor licenses in the San Fernando Valley
E15. Reduce the number of alcohol billboard advertisements
E9. Promote drug-free zones.

*Numbers refer to classification scheme in final cross-site report.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

East/West Community Partnership (E/WCP)

B20.* Capacity Build-up Training: Train-the-trainers program for most advanced community leaders in ATFs and new community organizers to educate the community leaders to make the ATFs self-sufficient.

A2. Chinatown Mural Project: Project to involve Chinatown youth in pro-social, skill-building, substance-free activity celebrating their cultural history and beautifying the neighborhood in an attempt to involve the Chinese community in the partnership and to mobilize the Chinatown/Lincoln Heights ATF.

A2. Cultural Celebrations: Multiple celebrations marking holidays and important days for the various cultural groups included in the target population. Celebrations included a Day of Remembrance for Filipino veterans of WWII and Japanese Americans, new year festivals, and more. Celebrations featured service providers with language-appropriate materials on health and substance abuse. Events also served as a mechanism for administering the partnership's needs assessment and recruiting ATF members.

A6. Community forums: Held 10 forums in the ATF areas to educate the community on policy issues that have a potential impact on quality of life and availability of services (many of the policy issues are indirectly related to substance abuse issues such as Proposition 187, which would have limited access to health, education, and social services for undocumented immigrants). Forums were designed to empower the API community and involve it in advocacy and prevention efforts.

B14. API Youth Conference: Co-sponsored conference for API youth to raise consciousness, expose youth to positive avenues of community activism, develop API youth culture and identity, and learn about past struggles and activism. Conference objectives included creating networks among youth, educating youth about issues affecting their communities, establishing a positive venue for open discussions, and reinforcing positive aspects of API history and culture.

C23. ***The National Asian Pacific American Families Against Substance Abuse (NAPAFASA) Conference:*** Partnership members and staff participated in the fifth national NAPAFASA conference to establish networks of parents and youth to act as advocates for the substance abuse-related needs of the API community.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

East/West Community Partnership (E/WCP)
B14. Health Fairs: Held health fairs in the Filipino and the Chinese/Vietnamese target areas, focusing on issues related to the provision of health care services to elderly and the community-at-large. Featured health screenings by the county health department and service provider information booths. ***Al. Red Ribbon Month:*** Each year, the partnership distributed red ribbons and culturally and linguistically appropriate substance abuse prevention materials to the API community. Celebrations, community fairs, and community clean-ups were held in various ATF areas as part of the month's activities. C23. Community Needs ***Assessment:*** Provided data collection training to ATF members to identify the issues and needs of the target communities. Used surveys administered by ATF members and community organizers; data collection methods included door-knocking, surveys at community festivals, and mail surveys. ATF members participated in data analysis to design a strategic prevention plan.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED BY THE PARTNERSHIP

East/West Community Partnership (E/WCP)
Los Angeles County Alcohol and Drug Program Administration (ADPA) Contract Resolicitation: Brought community members together, along with other community partnerships in Los Angeles County, to advocate a change in how ADPA awards substance abuse prevention contracts. Historically, ADPA showed preference for current contractors with no or little re-application process, resulting in gaps in services for the changing population. The partnership was able to influence a change in the resolicitation process to include an RFP process with open competition on all contracts, and with priority given to a community organizing model of prevention.
B8.* Los Angeles County Probation Department Procedures for Dealing with Asian Pacific Islander (API) Offenders: Provided training for community members on the probation system and for probation officers on the needs of API clients. Also participated in strategic planning with probation department supervisors and line staff to change procedures for dealing with API clients and their families to include referrals to culturally and linguistically appropriate treatment evident from revisions to the probation department's *Community Prevention Manual.*

*Numbers refer to classification scheme in the final cross-site report.

Westside Coalition for Substance Abuse Prevention
(September 1991 - April 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Maricopa County borders the western side of Phoenix and has a population of about 146,000, spread over about 500 square miles. The population is about 75 percent white, 21 percent Hispanic, and 2 percent African American. The county has 12 targeted communities plus one air force base (with about 20,000 of the 146,000 people), and three of the communities are recognized as retirement communities. The region has experienced rapid growth, and while some of the communities are 95 percent white, two of them are 75 percent Hispanic. There is no public transportation from the 13 areas, and law enforcement for the state of Arizona has a backlog of over 5,000 DWI laboratory tests.

2. Alcohol is perceived as the main substance abuse in the county, augmented in the three retirement communities with the inappropriate use of prescription drugs. Marijuana and cocaine are perceived as a growing problem. Any drug abuse on the air force base is hidden from authorities, and the base has chosen to focus its efforts on the elementary school serving the base and the surrounding community.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership was originally conceived as a partnership of the chairs of the 12 alliances already supported by the governor's office, in addition to the air force base. Most of the alliances were new, and others were established to be part of the partnership.

2. At the outset, the partnership suffered through several internal conflicts. A major conflict was over control of the grant, between the partnership and the grantee/fiscal agent, which was the city of El Mirage (one of the 12 communities). A related area of conflict was the unauthorized obligation of funds by the original project director. Eventually, the director and the staff he had hired were terminated and replaced. In light of the dispute, several towns replaced the chairs with town council members, reducing the grassroots representation.

3. Once the relationship with the grantee agency was clarified, most of the communities rejoined the partnership. An entirely new staff was hired. A new president and executive committee were elected. Those who resigned said that they did not leave in anger, but that their major complaint was that the partnership was not as grassroots as originally envisioned, but more "politics as usual." Barriers to implementation have outnumbered the facilitators. One barrier has been poor attendance at committee meetings, resulting in a lack of quorums.

4. The partnership is an umbrella organization comprised of 13 individual local alliances. The main body of the partnership is a 13-member board of directors. The partnership's structure has evolved over time. Originally, the only committees were the executive committee (the chairperson, vice-chair, treasurer, and board secretary), the finance committee, and the personnel/evaluation committee, formed largely in response to the partnership's initial grant management problems. Later, new committees were added, including a program planning committee and a by-laws committee, and later once again to add an advocacy committee and a faith committee.

5. According to one interviewee, organizations and agencies that have not been represented on the partnership that should be include education, social services, and the faith community. A faith committee formed in response to this shortfall convened its first conference in February 1995. Membership in the local alliances has increased, in some cases dramatically.

6. The structure and function of the staff have changed over time, primarily due to budget changes. At first, there had been three youth coordinators and three community coordinators and a coordinator supervisor. Later, there were five community coordinators and a prevention counselor, and the supervisor position was eliminated. During the partnership's final two years, staff attrition included the resignation of two community coordinators, and these positions were not refilled.

-4e

B. Common Vision:

1. The partnership continues to be a partnership of communities empowered to improve the quality of life and well-being for everyone by reducing substance abuse. During 1992-1993, the partnership focused on the development, implementation, and strengthening of its five goals. These goals have been to coordinate existing services by government, businesses, schools, and other providers; to make communities safe from drug abuse; to promote a more productive workforce; to foster changed attitudes toward substance abuse; and to support healthier lives for citizens and families.

1

2. The partnership developed a five-year comprehensive prevention plan, adopted by the board of directors in February 1995. The plan enabled the 13 community alliances to work more closely than before and brought the regional prevention effort to a new level.

4b

C. Community Implementation Strategy:

5

1. The prevention activities are carried out through the 13 alliances, who are to a certain extent autonomous, given their funding from the governor's office. However, the partnership's community coordinators are actively involved with the alliances. In two cases, local alliances have formed a team within the overall umbrella (a tri-city alliance and a similar alliance of two communities later on).

2. The completion of a needs assessment for each of the 13 alliances was considered a major prevention effort, facilitating the development of a comprehensive prevention plan for each of the 13 alliances. A resulting emphasis on community empowerment was exemplified by partnership members' active involvement in developing an empowerment zone grant application for portions of the county, although the grant was not funded.

4b

D. Coordination Function:

1. The empowerment zone application denoted the first coordinated effort to revitalize the area. The partnership also has impacted the coordination and collaboration of community agencies and leaders, including the willingness of the local alliances to increase communications among themselves, to ask each other for letters of support and to replicate each other's activities.

E. Partnership as an Ongoing Organization:

4f=0

1. The partnership has written a comprehensive 19952000 prevention plan. Members have identified acquiring non-profit status as their best option for continuing the partnership, and such status was being sought at the time of the last site visit. However, as of February 1996, no funds had been secured for any new entity.

2. The individual alliances will continue as long as they receive funds from the governor's office. A new coalitions grant was awarded to the city of Phoenix, and met with the partnership, although it is not part of the coalition.

F. Rivals:

6=0

1. Earlier prevention activities drew support from the Governor's alliance against drugs, which started in 1988 to fund community alliances throughout the state, and 94 had been organized by January 1996. Some of the alliances within the partnership, however, did not entirely pre-exist the partnership, although others had existed for a number of years prior to the partnership. The communities also had a small number of other prevention programs at the outset of the partnership.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. The partnership's major activities have targeted the community in general, youth, agencies and organizations, churches, elders, and partnership members. The partnership also provided incentive to its members to pursue a drugfree workplace initiative. The partnership has used developmental funds to provide support to the individual alliances. Together, the alliances have conducted an array of alternative recreational activities, awareness activities and cultural events, panels for television programming, and town forums. The overall dosage score for the community was 9,984.

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership has served as a catalyst by supporting a law in November 1994 to impose a $.40 tax/pack on cigarettes, with revenues to be used for education, prevention, and health treatment. The partnership also has been involved in promoting changed school policies; designating the partnership towns as drugfree communities; supporting the governor's initiative to approve a juvenile handgun bill; and stimulating the development of drugfree workplaces.

2(M)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Westside Coalition for Substance Abuse Prevention (WCSAP)

Al.* The thirteen alliances have conducted an array of recreational activities for youth, families, and elders throughout the five-year grant period. Most alliances have similar activities that include field trips, dances, pool parties, magic shows, and rallies. These activities are very popular among citizens and are very well attended.

A2. Some alliances conducted multicultural events as part of their recreational and educational activities. These events have unified communities with very different ethnic and cultural backgrounds to work together in substance abuse prevention.

A4. The coalition has developed and distributed training materials on different substance abuse related such as depression, Making the Difference, and Red Ribbon Week. It also has developed and distributed posters, prints, billboards, banners, brochures, and pamphlets.

A5. The coalition has supported the DARE program in the area by sponsoring the purchase of balloons, buttons, T-shirts, and other promotional materials, Also, it has paid tuition for DARE officers so that they can attend their national conference.

A6. Senior citizens are working in collaboration with the D.U.I. Task Force in the planning of the purchase and distribution of placemats with D.U.I. prevention messages. This placemats will be located at local fast-food restaurants in the Sun Cities. A total of 5,000 placemats will be distributed in 1996.

A6. Three-hour community forums (Town Hall Meetings) were conducted annually by the alliances have the purpose of mobilizing the community, providing technical assistance, and providing training. Attendance to these meetings ranges from 80 to 160 people per forum.

A7. Multiple alliances united their efforts to create a community inventory of the resources available. Some alliances produced a directory, while smaller communities produced a list. These directories and lists have been distributed in the communities. More than 1,000 copies have been distributed as of February 1996, and more copies are expected to be distributed by the end of 1996.

B9. Safe and Drug-Free Schools and Communities (Gila Bend). Some alliances sponsored the development and/or enforcement of substance abuse related policies in schools.

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*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Westside Coalition for Substance Abuse Prevention (WCSAP)

B9. Wickenburg's alliance funded the middle school subscription to a national crises hotline that provides counseling to youth. The alliance is planning to expand the subscription to high school students during year five.

B15. The Job Fair/Job Bank was formed in response to the community needs assessment conducted by the alliances. A three-day job fair was conducted during the fourth year; and a job bank is planned for the fifth year. Initiated by the community, this is the first effort in the county to reduce unemployment.

B16. The WCSAP has sponsored a series of panels for television programming beginning November 1992 and running until February 1996. Originated at one of the alliances, and duplicated by others this activity was directed towards improving the communitywide image. Alliances are expected to continue this activity after the end of the grant.

C23. The WCSAP 1995-2000 Comprehensive Prevention Plan includes the vision and mission of the coalition, a summary of the history of WCSAP's regional prevention planning initiative, and a description of the five goals of WCSAP.

C23. In addition to the coalitionwide comprehensive plan, each alliance has developed (one plan is still in progress) a community comprehensive plan based on the results of its needs assessment. These plans have been used to guide alliances in selecting their prevention activities.

C23. An annual Coalition Retreat is held every summer for all coalition members. Established under recommendation of CSAP officers, the retreat has helped WCSAP provide committee and task force leaders with specialized training, awareness, unity, and bonding. The annual retreat is viewed by participants as an opportunity for staff training, education, brainstorming, and prioritization of the coming years activities.

C23. Coalition members attend meetings of the City of Phoenix D.U.I. Task Force, Coalition for a Tobacco Free Arizona, Mothers Against Drunk Driving, and Students Against Drunk Driving. The participation of CSAP in these meetings facilitates information sharing regarding resources, upcoming activities, and services available within the county.

C23. Goodyear alliance started planning the development of the Southwest Volunteer Services (SVS) group in 1994. SVS has had more than 100 active volunteers at the time of the fourth-year site visit.

(Continued on next page)

Exhibit 6 (Continued)

Westside Coalition for Substance Abuse Prevention (WCSAP)
C24. Alliance members received training on fund raising, cultural sensitivity, conflict resolution, and media marketing. These workshops addressed the needs and concerns identified at the previous year's retreat. C25. In March 1994, several coalition members applied for the Empowerment Zone grant on behalf of WCSAP. Although the grant was not awarded, it marked the coalition's first effort to secure funding to support the coalition (staff and activities) after the end of the current grant after the end of the current grant.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Westside Coalition for Substance Abuse Prevention (WCSAP)

A1.* The Drug-Free Communities initiative is a direct result of the empowerment provided to the leaders in the communities participating in the coalition. Declaring a city a drug-free community requires its council to develop and approve regulatory alcohol and drug policies for the city that facilitate the coordination of substance abuse prevention and law enforcement within the community.

Al. A Report of Community Ordinances and Penalties, School Policies and Procedures Related to Alcohol, Tobacco, and Other Drugs, Gang Activity and Youth was completed on January 11, 1994 after more than six months of research. This report includes city government ordinances related to ATOD, gang activity, and youth that exist in the thirteen communities served by WCSAP.

B7. WCSAP supported the Coalition for Tobacco-Free Arizona's (CTFA) effort to win approval of Proposition 200, which was passed into law in November 1994. Proposition 200 imposes a $0.40 tax on cigarette packs. Its revenues are to be used for education prevention, and health treatment.

D12. A spin-off effect of the partnership, The Drug-Free Workplace (DFW), helped the incorporated communities represented in the community to establish or revise drug-free workplace policies. In an effort to include businesses in the DFW program, a coalition member applied for and received a $10,000 grant in behalf of the Tri-City Alliance Against Drugs (Avondale, Litchfield Park, and Goodyear).

* Numbers refer to classification scheme in the final cross-site report.

Community Partnership for a Drug-Free Shreveport
(October 199 1 - July 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Shreveport has a population of about 200,000, about 56 percent white and 44 percent African American and other minorities. The city is 21 miles from Texas and 45 miles from Arkansas, and people travel easily from state to state among these states, including drug traffickers. The partnership targets the entire city.

2. The newly-elected mayor consolidated community-oriented government by merging a number of departments into a single new department--the Developmental Services Department-also motivated by creating "one-stop shopping" for communities.

3. Substance abuse problems have not changed significantly over the years. Illicit drug-related school suspensions have increased annually from 1992 to 1994, whereas alcohol-related suspensions have decreased. Local and state legislation is ineffective in restricting alcohol or tobacco use, and there are clubs where members 18 or over are allowed to drink. (Louisiana was the last state to pass a law establishing the legal drinking age at 21, in August 1995). Rock cocaine has been the most serious and used drug in Shreveport.

4. The four major universities in the Shreveport area provide a natural setting for drug use and distribution, and the substance abuse problem has increased over the past five years.

B. Political Conditions in the Community:

1. The election of a new mayor in November 1994 underscored the city's polarization along racial, political, economic, and social lines. One candidate was a white council member, supported by the exiting mayor and the other was an African American businessman supported by minority groups. The white council member, also supported by the local Christian Coalition (most rapidly growing in the country), was elected.

C. Commercial Base:

1. Riverboat gambling casinos arrived in the summer of 1994, and Shreveport's economy has improved and continues to grow. The casinos contribute significantly to the city's revenue base and add more than $29 million in goods and services to the local economy.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The city of Shreveport is the grantee and lead agency for the partnership, providing leadership through the mayor's office. The partnership was originally composed of 11 agencies and organizations, which included human service agencies and also the parish school board, the public housing authority, a coalition of nine church-based and neighborhood associations, the county sheriff's office, and the Louisiana State University school of medicine (which provides emergency drug treatment services for indigent residents). These agencies also are members of the policy board, and the mayor is the chairperson for the policy board, which oversees the project director. The mayor's assistant is the principal investigator and program director, also providing guidance to the project director. The partnership is a grassroots effort to overcome political, racial, gender, and economic barriers by involving people from every walk in life.

2. The partnership experienced organizing problems during its formation, stemming from a misunderstanding by the city council members about the requirements of the grant, and disagreement with the mayor's choice of project director, who had been hired by the mayor. Two months after the councilman's criticism, the mayor fired the first executive director. However, several interviewees indicated that the firing was because of work issues and not because she was white or female, (A related criticism has been the need to increase participation by black males, because it was the group hit hardest by substance abuse.)

3. During 1994, the partnership finally reached and exceeded its target of 300 volunteers, and there was increased interest by grassroots organizations in participating in partnership planning activities. Evidence of this was the interest by such groups as Parent Network, the COP Leadership Council, and various neighborhood associations. However, the media and business sector have not been receptive to the partnership's activities.

4. The partnership was originally comprised of a policy board, a coordinating committee, nine action planning committees, project staff, and an evaluation team. The coordinating committee oversees the partnership, and the policy board and coordinating committee have been confused about their leadership roles. The decision-making process also was diffused by the weaknesses of the earlier project directors.

5. The partnership hired a new project director in January 1995, following the resignation of its third project director in December 1994. However, one interviewee characterized the latest project director as having been the shepherd of the partnership from the very beginning, having been the former program director and one of the original developers of the initial grant application. Under its latest project director, the partnership has assumed an active leadership role in collaborating with other community agencies and organizations. Nevertheless, having three project directors during each of its first three years caused a lack of continuity for the partnership.

B. Common Vision:

1. Since its formation, the partnership has had only one goal-to establish a broad-based coalition of community organizations to collaborate in the development and evaluation of a comprehensive, coordinated plan of action to reduce substance abuse. The partnership intended to achieve this goal through 13 objectives, mostly related to collaboration, establishing action planning committees, empowering through training, raising public awareness, and networking and coordinating with other communities. Following an annual prevention plan, the partnership continues prevention activities and undertakes new ones.

2. The overall long-range mission of the partnership is to develop a strategic plan for substance abuse prevention in Shreveport. However, the evaluation annual report for 1993-94 revealed that by the end of the third project year the staff and volunteers did not understand this goal.

3. The focus of the partnership later changed, in 1994, from a planning and coordination orientation to being more action-oriented, stemming from the outcomes of a needs assessment in September 1993 and a strategic planning retreat held in April 1994. The retreat also resulted in the consolidation of the ten action planning committees into six new committees and the development of a new mission statement. During 1994-95, the partnership began a process of developing a comprehensive, systemwide plan by establishing a strategic planning committee, and two strategic planning focus groups were convened in October 1995. The needs assessment was updated again in 1996 and the development of a five-year strategic prevention plan was scheduled for completion in 1996.

C. Community Implementation Strategy:

1. The partnership does not appear to have embarked on any initiatives directed at small geographic areas within the city of Shreveport.

D. Coordination Function:

1. The partnership has carried out its coordination function by having established a partnership resource network center (a resource center), conducted a citywide needs assessment survey and distributed its results, collected other substance abuse data as part of a Drug Epidemiology Network, published a quarterly newsletter that became a monthly newsletter starting in October 1994 with a distribution that increased from 300 to 500, and sponsored numerous conferences and workshops.

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2. Most of the partnership members and staff are actively involved with other community agencies that share the partnership's vision of creating a safer, healthier, and more productive community. When recent budget cuts hit the city's program targeting youth, low-income residents, and other at-risk populations, the partnership helped local agencies to pool rather than compete for limited resources.

3. One outcome of the collaborations has been the establishment of a new coalition that included businesses. The partnership was a leader in planning a workshop in May 1995 to identify a successful structure and explore goals for the new coalition, and the partnership is a member of the steering committee of 17 agencies and churches that oversees the coalition.

E. Partnership as an Ongoing Organization:

1. The partnership has been exploring a variety of options for continuing beyond the CSAP grant. Strategic planning sessions are being convened to develop newly proposed structures and objectives, with focus groups held in October 1995. One possibility is to make the partnership a part of the humanics program at Louisiana State University. Another option is to become part of the city government, either as part of a neighborhood division within the department of developmental services or to create some type of information and research division. Yet a third possibility is considering a separate nonprofit status.

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2. In the meanwhile, specific activities are being supported in different ways. The partnership resource network center already has been transferred to the college library.

F. Rivals:

1. Possible rival explanations include several other prevention initiatives in Shreveport, implemented by the criminal justice system or the public housing authority, and supported with other federal funds. Mothers Against Drunk Driving has also sponsored some initiatives.

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2. A rival of a contrary sort-leading to a predicted ***increase*** in substance abuse, was the passage in October 1994 of a local ordinance to permit the selling of liquor on Sundays.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. Many of the partnership's prevention activities have been the coordinating functions previously discussed (see ***Coordination Function,*** above). In addition, the partnership has sponsored a wide variety of alternative activities for youth, including Olympic-like games, concerts, field trips, and rallies.

2. The partnership also has carried out a variety of training and parent training activities. The overall dosage score for the community was 22,831.

B. Breadth and Depth of Prevention Policies:

1. The partnership has been involved in various efforts to change state and local laws. In collaboration with the Shreveport Police Department, the partnership encouraged lawmakers to eliminate loopholes in the state's minimum drinking age law and led a news conference in April 1995 to discuss

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proposed legislation. The state law establishing the legal drinking age at 21 took effect on August 15, 1995.

2. As another example, the partnership held a juvenile handgun law seminar in August 1995 to educate the community regarding juvenile possession of handguns. The partnership also has been active in having its youth commission address issues related to youth violence.

2(L) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Community Partnership for a Drug-Free Shreveport

A4.* Halloween Party: Participation in this citywide event, which occurred on October 31, 1994, afforded the partnership an opportunity to provide substance abuse prevention materials and solicit volunteers.

***A6. Community Needs* Assessment:** A citywide Risk-Focused Prevention Needs Assessment Survey was conducted in 1993. Data were collected through a citywide telephone survey, community focus groups, and special area focus groups such as housing, religion, education, early treatment, and youth. This survey revealed the primary risk factors in Shreveport for alcohol abuse and the use of illicit drugs. The needs assessment also identified gaps in and barriers to prevention services. The partnership reported that the needs assessment will be used to develop a comprehensive substance abuse prevention plan.

A6. Building Family Unity Through Community Involvement Program: This workshop was presented by the partnership. The focus was on ways families could work together with the community to enhance and strengthen the family unit. Approximately 100 people attended this workshop, which was held in June 1995.

A6. Make a Difference Day: This volunteer fair was conducted in October 1995. The purpose of the fair was to provide community awareness and mobilization in substance abuse prevention efforts.

A6. Prevention Education and Training: The partnership conducted, sponsored, or co-sponsored with local groups numerous training activities within the community. The training topics covered the areas of greater need reported in the needs assessments. Training has covered a wide range of topics, including prevention principles, parenting skills, multi-cultural issues, AIDS/HIV awareness, violence prevention, and conflict resolution/mediation.

A6. **Qualify Schools Program:** This was a seminar on substance abuse and violence in the school setting. The partnership sponsored this activity in collaboration with the local school system. Approximately 103 service agency professionals, graduate students, and school personnel attended the seminar.

A7. Drug Epidemiology Nefwork: In March 1993, substance abuse, education, law enforcement, juvenile justice, medical, and other human services professionals began to systematically collect, share, and store alcohol, tobacco, and other drugs incidence and prevalence data in a database readily accessible to them. This database, called the Drug

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*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Community Partnership for a Drug-Free Shreveport

Epidemiology Network (DEN), ties into and enhances the partnership's resource center and validates funding requests and needs. The partnership provided 100 percent of the funding for the DEN, and initiated the idea.

A7. ***Partnership Resource Network Center:*** The Partnership Resource Network Center was established in May 1992 to provide a clearinghouse function in the community and was included as a product in the original grant application to fund the partnership. The resource center has continued to provide alcohol, tobacco, and other drug abuse prevention resources and materials for on-site review and check-out daily, since its inception. In addition, the resource center has continued to provide drug abuse prevention research opportunities and training and technical assistance in grant writing and program planning to the community at large. Acquisition of materials and resources is ongoing.

B9. Community Partnership Enrichment Program (CPEP): This alternative activity for youth is an after-school club sponsored by the partnership as an enhancement to the Weed and Seed Safe Haven academic enrichment programs at Barret, Stoner Hill Lab, and Creswell elementary schools. CPEP, started in March 1995, was developed as a result of a $49,900 supplement to the partnership's basic 1994-95 grant award to enhance the city's Weed & Seed program, funded by the U.S. Department of Justice. The partnership's coordinating committee took on the role of the program's advisory committee. The purpose of CPEP was to offer a variety of activities designed to encourage self-esteem, cooperation, and individual enlightenment, and provide health and wellness information to 4th- and 5th-grade students. Activities include programs by local professionals and field trips. Over 600 youth participated in this program one day a week for two hours. The Personal Achievement and Leadership (PAL) Course, which promotes team building, communications skills, problem-solving skills and creativity, are offered to students and some adults involved in CPEP. Teams of 10 spend a fun- and activity-filled day on the grounds of the Department of Health and Hospitals Campus in West Shreveport, which is managed by the State Office of Alcohol and Drug Abuse. The "Kids Are the Key" rally was the culminating event of the CPEP program. Over 600 youth and adults participated. The partnership provided over 300 Kids Are the Key T-shirts and water bottles, over 480 information packets and adult/volunteer bands, and food to rally participants.

B9. Peaceable Place and Too Good for Drugs: This is a series of training sessions directed at the prevention of violence and substance abuse. The partnership is helping to coordinate this activity with the Caddo Parish School District. It was initiated last year, and is an ongoing activity. To date, the training has been conducted for teachers to facilitate their methods of instructing students regarding the dangers of drug abuse and violence.

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Exhibit 6 (Continued)

Community Partnership for a Drug-Free Shreveport

B9. **Project *Aware:*** This activity was peer leadership training on HIV/AIDS awareness. The purpose was to educate teens on modes of transmission and dangers of HIV/AIDS. The Philadelphia Center, HIV/AIDS Prevention, Testing, and Counseling Agency co-sponsored this activity with the partnership. During 1994, 125 adolescents participated in the training. Additional training sessions were conducted in 1995 with 56 adolescents in attendance. Statewide replication of Project AWARE was scheduled to begin in November 1995. A speaker was brought in from Washington, D.C., November 10-12, 1995, to address street interventions. An interviewee reported that the partnership's funding of Project Aware has been crucial.

B10. Conflict Resolution Trainings: These training sessions are targeted for local neighborhood associations/groups. They were initiated in 1992, and are ongoing. The training was initiated by the partnership in response to requests from the local neighborhoods.

B11. Alternative Activities for Youth: A variety of alternative activities for youth have been conducted over the life of the partnership. The Youth United Games were held July 28-30, 1994. The games provided recreational events for school-aged youth, including basketball, track and field, wrestling, and softball competitions, as an alternative to high-risk behaviors, along with direct prevention education. A subcommittee of the youth and community involvement committee organized the event. Local media advertised and promoted the Youth United Games. In 1995, the partnership co-sponsored and served as volunteers for a DARE student graduation concert, "Stop the Violence."

B11. DARE Student Graduation: The partnership co-sponsored and served as volunteers for the DARE Student Graduation Concert, "Stop the Violence."

B14. ABC's of Parenting, Trainer of Trainers Workshop: This activity was designed to provide trainers for parenting classes to be conducted throughout the community. The training sessions were co-sponsored with the Caddo Bossier Council on Child Abuse. Over the last three years, the number of these sessions has increased in frequency, and they are now being offered in more locations. This activity is ongoing.

B14. Effective Black Parenting Classes: These classes focused on black parents and their special problems. The partnership co-sponsored these classes in collaboration with Volunteers of America, Lighthouse, Caddo-Bossier Council on Child Abuse, and Providence House.

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Exhibit 6 (Continued)

Community Partnership for a Drug-Free Shreveport

574. *Technical Assistance:* The partnership, at its outset, began to provide technical assistance to neighborhood organizations, low income housing units, and local service providers. The purpose of this assistance is to help these organizations disseminate the substance abuse prevention message to at-risk communities. This activity is ongoing.

574. Women's Conference: A women's conference has been conducted annually for the past three years. In attendance were high-risk women and social service providers. The purpose of the conference was to provide training and discussion on issues in family management, personal management, and child development. The conference was conducted in March 1995.

576. ***Public Awareness Campaign:*** During Year 4, the partnership launched a promotional campaign to advertise the Resource Network Center. A newspaper article was produced and run in local papers; a newsletter story and flyer were published and mailed to 350 agencies, organizations, and individuals; a promotion speech was delivered to 150 middle and high school students; and an informational brochure was developed in April 1995.

574. ***Working Together for Our Children's Success:*** This activity was a mini-conference for parents to assist them in making their children successful in elementary school. The conference was conducted during the first three months of 1995; over 100 high-risk mothers and social service providers were in attendance.

574. ***Workshop on Coalition Models:*** This half-day, kick-off workshop was conducted on different models of coalition-building. The purpose of the coalitions was to develop employment, family wellness, and housing services within the community. This workshop was conducted on March 31, 1995; 153 community leaders, ministers, and service providers were in attendance. This workshop led to the establishment of a new coalition, the Shreveport-Bossier Service Connection.

B15. Community ***Forums:*** Forums are held periodically to update risk-focused needs assessments. This activity was initiated by the partnership during its first year of operation and has been ongoing. The number of participants varies from meeting to meeting, depending on the purpose of the meeting and the topic under discussion.

576. News ***Conference:*** A news conference was held in March 1995. Its purpose was to present findings from the needs assessment to the community. This activity, when coupled with the history of prevention activities conducted by the partnership, contributes to community awareness of drug abuse issues.

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Exhibit 6 (Continued)

Community Partnership for a Drug-Free Shreveport

B21. **Community Oriented *Policing (COP):*** This is a continuing activity in which the partnership collaborates with the police to direct more police activities toward the local community level. In this effort, the partnership has provided meeting places for the police, and they have sat on various committees. These efforts are ongoing. The partnership co-sponsored Community Oriented Policing's two-day "Revitalization Training," including workshops and public hearings, with 75-l 00 participants.

B22. ***Community Partnership Bulletin:*** This activity involves the publication of a monthly newsletter which contains updates on the partnership's activities within the community. Also included are comments from the director on the state of the partnership and its efforts to date. The purpose of the Bulletin is to provide community awareness and motivation in the fight against substance abuse.

B22. ***Mid-Sooth Cluster:*** The partnership is the founding sponsor of the Mid-South Cluster, which is a group of partnership representatives from Arkansas, Louisiana, Mississippi, and Texas. Collaboration with the partnerships in the Mid-South Cluster has continued in order to coordinate and discuss prevention efforts in the region. The Shreveport partnership was scheduled to host the next meeting of this group in November.

822. ***Shrevepott-Bossier Service Connection:*** The Shreveport-Bossier Service Connection, which grew out of the desire of a group of Shreveport-Bossier agencies to create a community coalition to connect the planning of employment, family wellness, and housing services within their region. The partnership, through its youth and family involvement and education committees, collaborated with Centerpoint (a local agency dedicated to service collaboration) to take the lead in developing this faith community, social service, and business coalition. The goal of the coalition is to set up a formal structure that enables these groups to regularly share information and participate together in the planning of future services. The partnership was a leader in planning a half-day workshop in May 1995 to identify a successful structure and explore goals for the new coalition. The partnership is a member of the steering committee of 17 agencies and churches that established a formal process for the coalition. The steering committee also developed the coalition's three committees in July 1995: structure/ membership, newsletter, and software. Publication of a newsletter began in August 1995. The partnership contracted with Centerpoint to conduct a visioning/leadership workshop in November 1995 to finalize a structure, solidify public and private support, and cement agreement on goals and objectives for the coalition.

C23. ***Partnership Retreat:*** Another significant activity that affected prevention efforts was the Partnership Retreat. This activity occurred April 21-23, 1994. During the retreat, participants finally agreed on the mission, structure, and direction of the partnership, and created a work plan that would address community needs.

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Exhibit 6 (Continued)

Community Partnership for a Drug-Free Shreveport

C24. Community Team *Training Institute (CTTI):* The partnership initiated the planning and development of an application that enabled the Caddo Parish Team to participate in Community Team Training Institute (CTTI) training. The purpose of this training was to develop a two-year Action Plan for women's substance abuse prevention and treatment, as well as mental health services, The partnership brought together the steering committee to develop the application and the 12-member Caddo community team (The Women's Resource Group) for CTTI training; committed to act as support to the team coordinator; and took responsibility for collecting the data and writing the application, which was submitted to the National Women's Resource Center in July 1995. The application was approved in September 1995. The Caddo CTTI team received the training October 13–18, 1995, and held its first post-training meeting locally on October 30, 1995.

C25. Strategic Plan Development: The Community Partnership for a Drug-Free Shreveport has been actively exploring a variety of options for continuation of the partnership or its planning and prevention services in some form after CSAP funding ends. Strategic planning sessions are being convened to develop a proposed structure, goals, and objectives for the new entity. The partnership's ad hoc finance committee chose, from among three proposals, the Judy Williams Public Relations Firm in September 1995 to facilitate the focus groups and guide the partnership through the development of a five-year strategic substance abuse prevention plan. Two focus groups convened in October 1995 to develop the five-year, comprehensive, city- and systemwide strategic substance abuse prevention plan. Goals and objectives and recommendations for the structure of the partnership (after CSAP grant ends) were outcomes of these sessions.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Community Partnership for a Drug-Free Shreveport

B5.* State Underage Drinking Law: The partnership worked with local and state officials to encourage Louisiana lawmakers to eliminate the loopholes in the state's minimum drinking age law. The goal was to raise the legal drinking age from 18 to 21 years, and make it illegal to sell alcohol to persons under 21. Partnership staff and volunteers participated in an April news conference with state and local law enforcement and anti-drinking agencies to discuss the law and issues related to it. The state law establishing the legal drinking age at 21 years took effect on August 15, 1995.

B6. Juvenile Handgun Law: The partnership's NET committee held a juvenile handgun laws seminar in August 1995 to begin educating the community about issues related to juvenile possession of handguns. It also planned meetings with neighborhood associations for October and November to prepare for a November 1995 symposium on youth gun possession and violence.

B6. Youth Commission: As an executive board member of the Community Oriented Policing Leadership Council, the partnership took the lead in establishing a Youth Commission. The purpose of this 15-member student group is to review youth violence issues and suggest projects and programs to address identified concerns and help create policy changes. The partnership held and facilitated a two-day retreat in September 1995 to help the group bond and develop relevant goals and objectives.

B6. Public Meetings to prompt changes in laws: In September 1995, the partnership initiated discussions with representatives from Louisiana State University in Shreveport's Humanics Program to collaborate in developing public meetings to bring about change and enhance public understanding of laws related to substance abuse and youth violence.

*Numbers refer to classification scheme in the final cross-site report.

Kalamazoo Community Prevention Partnership
(October 1991 - April 1996)

1. Community Conditions

A. Social and Drug Conditions in the Community:

1. The partnership serves the whole county, whose population was about 227,000 in 1990. The population was about 88 percent white, 9 percent African American, and 3 percent other races. It was younger and had a higher proportion of females than either the U.S. population or the state of Michigan as a whole.

2. The county's most serious drug problem is alcohol abuse, although the community concerns that emerged in the late 1980s and led to the formation of the partnership were related to crack cocaine, a sudden rash of drug-related violence, and an influx of young gang members from Detroit attempting to establish new markets.

3. Partnership members report that alcohol use is heavy and widespread among the university students. High school students tend to view drinking as an acceptable, if not obligatory, part of adolescent life in Kalamazoo. Partnership members report that underage drinking at parties is viewed by many in the community, including many parents, as a normal and acceptable part of adolescence. One highly publicized incident that occurred in 1993 illustrates the community's struggle with conflicting norms regarding alcohol use by minors. A fatal DUI incident involving teenagers was traced to drinking at a large party. When prosecutors brought charges against others attending the party, some students and parents ridiculed the actions. The local newspaper carried numerous articles and letters associated with the incident and subsequent actions and reactions.

4. Among the problems associated with alcohol and other drug use are violent crime, drunk driving, and child abuse and neglect. Referrals for abuse and neglect were up 63 percent in 1991, and about 80 percent of them were drug-related.

5. According to most interviewees, the community in the city of Kalamazoo blames one area for the city's drug problems. The area is a poor neighborhood, perceived as putting up with its own problems.

B. Commercial Base:

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1. The economy is highly diversified. Although The Upjohn Company is the largest and most prominent business, more than 450 other companies are involved in manufacturing a wide range of products.

2. Vineyards and wine production are very much a part of local culture.

3. There are also five institutions of higher education in the county, including a major state school.

2. Partnership-Building and Partnership-Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership evolved from a community drug council, established in 1989, which represented a large number of agencies, business groups, universities, and community agencies such as the United Way. The lead agency was the county's human services department. From the outset, the domination by this department created difficulties because the department is relatively autonomous and therefore isolated within the local government structure, and other agencies and organizations resisted active involvement in

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the partnership. For instance, the department believed that it determined a number of partnership issues, not the board of directors. Such a posture was further reinforced by the fact that the partnership's project manager, a former employee of the department, was perceived as being too closely linked to that agency.

2. The partnership appeared for several years to be run essentially by the project manager, both administratively and in guiding its direction. The project manager thought the CSAP grant was strictly for planning and was supported in this understanding by the lead agency. Partnership members were dissatisfied with the partnership's limited ability to be more action-oriented, and in mid-1993, the discord led to the resignation of the chair. With his departure, a number of influential partnership members resigned from active involvement.

3. By late 1994, the core of active members had decreased significantly. What was previously the executive committee had become the administrative team, overseeing the grant activities. In June 1995, the project manager resigned, a new executive director was hired, and restructuring took place, leading to the partnership's revitalization. In the restructuring, the lead agency was to function only as a fiscal agent and to provide support for the project staff, but not to serve as a decisionmaker.

4. During the early years, the partnership had difficulty involving people and organizations representing minorities and the lower socioeconomic sector of the community. Among the reasons for this, according to members and staff, was a perception that the partnership was controlled and dominated by the traditional power elite and "good old boys network" in the community, a perception rooted in the partnership's heritage in connection with the community drug council.

5. As a result of the new leadership in 1995, the partnership had become more diverse, with better representation by the faith community, women, Hispanics, African Americans, and businesses. Another step taken in the restructuring was the renaming of the partnership, and the partnership started to become a visible prevention entity in the community.

6. By late 1995, the partnership was working with CSAP to see whether it could recover $150,000 in unspent funds and turned back by the original project manager to the funding agency, hoping to continue operations to April 1996.

B. Common Vision:

1. As of late 1995, the partnership had not yet developed and completed a strategic prevention plan for Kalamazoo County due to problems associated with its earlier internal structure. Different components of the plan had been developed, but a coordinated strategy was still in progress and was not expected to be completed until February 1996.

C. Community Implementation Strategy:

1. No such strategy appears to have emerged, except for the making of eight mini-grants (see ***prevention activities,*** below).

D. Coordination Function:

1. Almost all interviewees stressed that the partnership's activities had led to increased awareness of drug and especially alcohol-related problems, but these increases also have been the result of other prevention efforts ongoing in the community ***(see Rivals,*** below).

2. The partnership does not appear to have taken a leadership role in increasing coordination or interorganizational activities at the county level.

E. Partnership as an Ongoing Organization:

1. The partnership and its board decided to make the partnership a permanent, community-based prevention entity. Incorporation papers were filed in October 1995. In early December 1995, the

partnership filed an application with the state for a substance abuse prevention license, which would enable it to obtain state and county contracts for prevention activities. An application for 501(c)(3) status was to be filed by the end of December 1995.

F. Rivals:

1. The county has many pre-existing and ongoing prevention efforts, implemented by organizations and agencies other than the partnership. Chief among these efforts have been DARE programs in the local school system, the Weed and Seed program, Boys & Girls Club initiatives, a public and private school project (Project Charlie), and a Healthy Futures project funded by the Kellogg Foundation. The County's department of human services (the lead agency of the partnership) provides about $400,000 in contracts each year to implement prevention activities in the county [but these were not under the aegis of the partnership].

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. Early partnership activities focused on promotion-to educate the public about what the partnership could do. The partnership also has teamed up with local media to create a substance abuse roundtable. In collaboration with seven neighborhoods in the county, the partnership supported the "National Night Out" by donating T-Shirts and staff time.

2. In 1993, the partnership created resource development and program committees to provide seed money through mini-grants. As of 1995, the partnership had funded eight prevention programs.

3. Even in its later years, the prevention activities still focused on what might be considered "incentive" activities. (The community's overall dosage score, 15,768, is in the medium range among all partnerships, but low compared to the size of the community.)

B. Breadth and Depth of Prevention Policies:

1. The partnership did not become involved in developing or implementing substance abuse prevention policies.

Assessment of exhibit.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Kalamazoo Community Prevention Partnership (Prevention Works!)

A6.* Gull Lake Community Forum: This forum was initially funded by the partnership in May 1994 to replicate the "Communities that Care" model within the Gull Lake community.

B11. Boys & Girls Club Prevention Activities: These were implemented in October 1995 to provide substance abuse prevention education to 100 boys and girls aged 12-14. The partnership prevention specialists worked with volunteer graduate students from Western Michigan University to conduct prevention activities for the youth and other parents.

A4. Substance Abuse Public Service Announcement (PSA) Competition: This was implemented in October 1995, this countrywide activity affords students in Kalamazoo County an opportunity to produce a 30- to 45-second PSA addressing substance abuse issues. Over 120 individuals have been involved with this activity. The top three winning PSAs will be aired sometime in 1996.

B13. Mini Grants to Fund Grassroots Group for Prevention Activities: Initiated in 1993, Prevention Works! has solicited more than 1,000 organizations in the target area. To date, one project has been approved for funding. The $1,000 was awarded to ParentLink of Kalamazoo to conduct prevention workshops for parents.

A1. Clean Indoor Air Conference/Campaign: In September 1995, the partnership co-sponsored a one-day clean indoor air conference designed to advocate for clean indoor air in the workplace, school, business, and other public areas.

A8. Television Roundfable on Substance Abuse: The partnership collaborated with local media to produce a substance abuse prevention roundtable that aired to an audience of 45,000 individuals throughout Western Michigan.

B18. Removal of Billboard for Beer Outside the Woods Lake Elementary School: In late September 1995, a Wood Lake Elementary School teacher and her students launched a successful campaign to have the billboard removed and a billboard supporting Boys & Girls Club put in its place.

A1. National Night Out: During July and August 1995, seven neighborhoods celebrated "National Night Out." The partnership provided T-shirts for the event. More than 1,400 people participated.

*Numbers refer to classification scheme in final cross-site report.

Exhibit 7

There were no prominent preventions regulations or policies promoted in this partnership.

Alamance Coalition Against Drug Abuse
(October 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Alamance County is located in central North Carolina, between Raleigh and Greensboro. It has a population of about 110,000 persons, including the city of Burlington and five smaller municipalities, but also including rural areas and an overall area of nearly 300,000 acres, of which 14 percent are urbanized, 46 are forests and woodlands, 31 are crop land and pastures, and 9 percent are residential housing areas.

2. About 79 percent of the residents are white, and 19 percent are African American. The per capita income of about $17,305 is six percent higher than the statewide average, and the unemployment rate is four percent lower than the state's rate. The county's industry, traditionally textile manufacturing, is beginning to change, with several high-tech metal processing plants related to the automobile and computer industries moving into the county.

3. The proximity of four major interstate highways allows drug trafficking into the area from out of state. In addition, the reopening of the Amtrak station in the late 1980s exacerbated the drug trafficking problem. For instance, in February 1991, the sheriff's department seized $12,000 worth of crack cocaine at the station, and the arrestee was a New York resident.

4. Drug arrests increased by 96 percent between 1984 and 1989, while DWI arrests increased by 18 percent during the same period. In 1993, the sheriff's office made drug use and trafficking the department's top priority, and a report released by the drug council of North Carolina placed Alamance 7th in the state in death and disease linked with substance abuse.

5. Beer and wine are the most commonly consumed alcoholic beverages and can be purchased at liquor and convenience stores. There are only four liquor stores in the whole county, explaining the low consumption of hard liquor. Marijuana is the leading illicit drug. Also, 65-70 percent of domestic violence in the county is estimated to be alcohol- or drug-related. Simultaneously, the county is witnessing a rise in gang activity, although there were no data to support the presence of actual gang-related criminal activity.

B. Political Conditions in the Community:

1. A major change has been the merging of the Alamance and Burlington City school districts, which was approved in the summer of 1995. The consolidation is meant to reduce duplication of services and improve educational quality, but it is anticipated that the amount of resources available to the Burlington City schools will decrease as a result of the consolidation.

C. Commercial Base:

1. Tobacco use also is on the rise and believed by residents to be the gateway drug to illicit drugs. However, owing to the county's tobacco crop industry, efforts to decrease tobacco use have been modest.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. A drug task force formed in 1987 and making its report in 1990 revealed that only one county agency was addressing substance abuse prevention. The partnership was formed in mid-1990, with support

from the United Way to hire an executive director. The partnership had an earlier CSAP proposal rejected, but was then funded in 1991. The partnership is the grantee agency, and a local lawyer who was president-elect of the chamber of commerce became the partnership's first president.

4d

2. The partnership focuses on multiple community sectors: education, business, religious groups, criminal justice, and health and human services. These program priorities are reflected in the partnership's seven committees. Task forces also were established to address grassroots community planning. An executive board was increased in 1995 to a total of 15 members.

3. The partnership has always had about 160 to 180 members, and with this number the partnership has been able to put together an administrative structure that depends on a well-organized volunteer staff. Incorporating this cadre of volunteers has not only complemented staff work but also has been the vehicle for community involvement and participation. Despite the enthusiastic involvement by many volunteers, the partnership is perpetually faced with the task of maintaining members' commitment as well as seeking to expand its membership. In 1994-1995, the partnership increased its efforts to recruit members from the African American community and from rural areas by taking activities to the communities instead of conducting in its home office in Burlington.

4c=0

4. The staff consists of a project director, administrative assistant, and education coordinator. The last position was terminated in 1995 due to a lack of resources, also setting back recruitment in the African American community because of the success of the education coordinator in this endeavor. The staff is advised by a board of directors and an executive board. The president, president-elect, secretary, and treasurer of the board of directors are elected annually. The first project director served from 1990 to 1992, the second until 1995, and the third from 1995 to the time of the last site visit.

4e=0

B. Common Vision:

-1

1. At its inception, the partnership adopted the community prevention model of the Midwestern Prevention Project and the Miami Coalition as its approach, focusing on minimizing gateway drug use among youth and promoting school-based education and parent and adult education. However, the partnership has no long-term strategic prevention plan. Further, while all members embrace the vision, each committee (or task force) may have developed its own vision and mission, not necessarily communicated or embraced by the other committees.

-4b

C. Community Implementation Strategy:

-5

1. The partnership has a grassroots-based task force (the school/neighborhood task force), but there was no mention of actual neighborhood or small-area initiatives with the exception of some efforts in public housing. (The high volunteer base of the partnership probably does reflect a solid degree of resident participation in the partnership, but this is not the same as having geographically decentralized entities.)

D. Coordination Function:

1. The partnership has been recognized for coordinating work among youths, the business community, parents living in public housing, and its centralized location for information and referrals. Coordinated efforts also have been successful with the local law enforcement agency. In addition, the partnership has increased collaboration among service providers and possibly helped to smooth relationships between the two consolidating school districts.

E. Partnership as an Ongoing Organization:

4f=0

1. The partnership has been granted renovation of its 501(c)(3) status and the project director was actively identifying potential sources of funding, with several proposals being developed at the time of the last site visit. The United Way is one source of funds and also the partnership's operations might be consolidated into one facility with the United Way.

F. Rivals:

-6 1. The county had little prevention programming prior to the partnership, mainly the DARE school program. Some prevention programs had just started but also became part of the coordination and collaboration with the partnership, with co-sponsored events or representation. In general, the partnership is the central information and referral source in the county for substance abuse prevention.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a 1. The partnership has operated active parenting workshops (including workshops for a six-week period in 1995 in the Burlington Housing Authority), drugfree summer programs reaching 500 youths per year since 1994, and a drugfree workplace alliance (establishing 25 drugfree workplaces). It also has increased community empowerment in public housing. However, because of diminishing funds, planning for continuation, and turnover in the project director position, only two new activities were initiated between April 1995 and January 1996. The overall dosage score for the community was 33,955.

B. Breadth and Depth of Prevention Policies:

3b 1. In 1994, the partnership successfully thwarted a proposed state law to reduce the severity of drug possession (of one gram or less of cocaine) from a felony to a misdemeanor. The partnership also helped to support a policy to conduct unannounced searches of school lockers by drug-sniffing dogs, in search of illegal drugs, adopted in 1994. Since being implemented, there have been five or six searches, none of which turned up any illegal drugs.

2 (M) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Alamance Coalition Aaainst Drun Abuse (ACADA)

Al.* Red Ribbon Month: Annual event held during the month of March that includes sports clinics for youth, guest speakers in the schools, and prevention education.

A7. *Substance* Abuse ***Reference*** **and *Resource* Library:** Established library open to the public containing more than 500 reading materials and approximately 120 video tapes. Materials include research reports, training curricula, and program summaries.

B9. Drug Resistance Education by Athlete Mentors (DREAM Team) Program: Chemical awareness program in which high school student athletes sign contracts to stay drug-free and serve as positive role models for elementary and middle school students. Team members also participate in student assemblies on substance abuse issues and provide one-on-one mentoring.

B11. Real Fun Is a Drug-Free Summer: Annual program drawing approximately 500 youth, ages 3 to 6, per year, Provides alternative activity for youth, building on the prevention awareness during the school year.

B14. Active Parenting Workshops: Two-level program involving certification training for service providers and other interested persons who want to incorporate the program into their work and training for parents on parenting skills, dangers of substance use, and substance abuse risk factors. Approximately 100 trainers have been certified in the program and approximately 40 parents have received the training directly from the partnership.

B74. Addiction Recovery for Family, a Spiritual Process: Workshop to offer the spiritual community resources and tools to encourage participation in substance abuse prevention and rehabilitation that include expert speakers, role playing, and dramatizations to show clergy members how to make effective interventions specific to individual family members' needs.

B14. ROPES Program: An Outward Bound-type program for high-risk students and their parents to learn about risk-taking behavior, team-building, and self-esteem. Also includes nurturing classes and parenting workshops.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Alamance Coalition Against Drug Abuse (ACADA)

B16. **Media Awareness *Campaign:*** Displayed two billboards with anti-drug messages on donated space for two years; one billboard logo was used on placemats for local restaurants, including popular fast food restaurants. ACADA stickers also were provided to businesses who display them in their windows to show support.

B17.* Drug-Free Workplace Alliance: Provides training for large and small businesses on substance abuse and drug-free workplace policies. Businesses who join the Alliance have access to training, reduced rates for employee assistance programs, and reduced prices for drug screenings.

B20. Sellars Gun Community Center: Supported renovation of unused school building to open a community center which provides alternative activities for youth, educational/tutoring services, mentoring, and recreational programs. Assisting the center in becoming its own 501c(3) organization.

B21. Family Therapy for Chemical Dependency Workshop: Intensive training for clinicians in family-centered therapy to encourage multiple health care agencies to work together for better care, referral, and treatment.

C23. ***Town Ha// Meetings:*** Since 1991, the partnership has held town meetings in the rural areas of the county and in public housing developments, providing a panel of experts to answer citizens' questions and concerns about substance abuse and to involve the community in prevention efforts.

C25. ***Drug-Free Stickers:*** Distribute drug-free stickers to the community, as part of Red Ribbon Month, which people can affix to any cents-off manufacturer's coupon. When redeemed at a supermarket, the amount of the coupon savings is donated to the partnership.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Alamance Coalition Anainst Drun Abuse (ACADA)
B6.* Cocaine Possession Legislation: The state of North Carolina passed legislation decriminalizing the possession of one gram or less of cocaine (rock or powder), reducing the offense charge from a felony to a misdemeanor. The partnership organized a statewide effort to have the bill overturned. The bill was rescinded in a special legislative session called by the governor and has not been reintroduced in subsequent sessions. ***C9. School Searching Using Drug-Sniffing Dogs:*** The partnership consulted with lawyers, school officials, and civil rights experts on the legality and constitutionality issues relating to school drug searches and was able to implement a policy in both the county and city school districts that authorizes unannounced searches of school lockers by drug-sniffing dogs for narcotics.

*Numbers refer to classification scheme in the final cross-site report.

Community Prevention Partnership of Berks County

(October 199 1 - July 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Berks County is located in southeastern Pennsylvania, about 50 miles from Philadelphia, with a population of about 340,000. The city of Reading contains about 25 percent of this population, and another 35 percent lives within a five-mile suburban radius around Reading. The remainder is scattered in small towns and rural areas, including conservative Amish and Mennonite communities. The population is about 91 percent white, 5 percent Hispanic, and 3 percent African American.

A

2. About 8 percent of the county's residents had incomes below poverty, compared with nearly 11 percent for the state as a whole. The majority of the county's poor population resides in the city and experiences typical urban problems of unemployment, crime, substance abuse, and language barriers. Although the poverty rate in the rural areas is much lower, these areas experience widely dispersed service delivery and a lack of recreational activities for youths.

3. Agribusiness is the county's primary industry and includes farming, farm supply, and processing-marketing.

4, The county is located in the drug corridor that runs from New York through Philadelphia and to Washington, D.C. Drugs are thus relatively available and easy to obtain. Most interviewees noted that residents generally make a distinction between alcohol abuse and drug abuse. Parents not only do not see alcohol as a problem, but are relieved to hear that their child "only smokes pot."

5. Among the major employers in the county, there appears to be high awareness of substance abuse, with possibly 90 percent having drugfree workplace policies in place. Among two major employers that conduct drug testing, one has had only one or two positives out of 200 new applicants in five years, none during the past three, and the other has conducted two fitness-for-duty drug tests in the past year, both of which were positive.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

4a

1. The county's drug agency (heavily oriented to treatment) first became aware of the opportunity to apply for a community partnership award and alerted other agencies. The Berks Community Action Program became the lead agency, recruiting nine partners, including city and county government; the intermediate unit serving the schools; the drug agency; the Reading school district; the Boys & Girls Club; a teen institute; and a Hispanic center. Tension arose over the role of the lead agency, and before the partnership developed its by-laws, a memorandum of understanding was developed between the lead agency and the partnership, indicating that the agency had fiscal responsibility but that partnership decisions could not be vetoed unless they violated the fiscal agency's personnel or fiscal policies. The MOU also indicated that the partnership would pursue independent legal status, but did not set a timetable for such a development or clarify how it would affect the management of the CSAP award.

4d=0

2. The board of directors grew at first to 30 members and now totals 26. The partnership has nine committees (all with administrative, not substantive titles), and partnership meetings occur quarterly and usually draw about 60 persons. In 1993, the board underwent considerable change as a result of a

recommendation by CSAP, hoping to expand to 40 members with 22 majority and 18 minority members and half male and half female. This restructuring involved removing several white males from the board, creating resentment and diverting time and energy from prevention activities. As a result, the board structure reverted to its original state.

-4c

3. Membership is open to all residents of the county. Nonmembers or inactive participants include the faith community (turned off because it cannot obtain funds from the partnership), United Way agencies such as the Red Cross and YMCA (partnership has had limited staff time to reach out to these agencies), and the county commissioner and mayor (due to the partnership's emphasis on grassroots involvement).

4e

4. The executive director and other partnership staff were initially hired in early 1992. There are five other staff, three being program coordinators and a fourth being both an administrative assistant and a coordinator for the mentoring program. The project director was described as a good organizer who has been effective in mobilizing the community and creating a culturally diverse coalition of participants. The staff have been effective in working with the community, as all have had prior work experience or relevant academic degrees and were acquainted with grant application processes and working with government agencies.

B. Common Vision:

I-O
-4b

1. According to the by-laws, the partnership's primary objective "is to create better role models for our children by initiating adult prevention programs." However, the original application indicated a number of programs aimed directly at youths but very few aimed at adults.

2. A strategic planning retreat in November 1994 was successful and resulted in identifying three main goals: creating new ways or maintaining existing efforts for community involvement; developing prevention strategies that will engage participation from all members of the community; and becoming financially independent by July 1996.

C. Community Implementation Strategy:

5=0

1. From the beginning, the partnership has always had a two-tiered focus. The second tier initially involved three local partnerships, representing urban, suburban, and rural school districts. These partnerships are responsible for assessing their community's needs and developing programs and activities to meet those needs. By 1996, the partnership had established 14 such working spin-off partnerships throughout the county, developed around 13 of the 28 school districts in the county. Inclusion of the school districts is of high priority because high-risk youths are in the schools. The partnership hopes to continue forming other local partnerships to cover the remaining 50 percent of the county.

2. The partnership supports a developmental dollars grant program.

D. Coordination Function:

1. Most of the coordination and interorganizational activities occur through the 14 local partnerships and were not tracked in the evaluation.

E. Partnership as an Ongoing Organization:

-4f

1. The partnership has secured two grants, totally about $160,000, to operate two prevention activities. However, these grants are too small to sustain the partnership, and prospects for additional funding are not good. One interviewee said that the number of organizations providing substance abuse services and the duplication of these services makes the selection of organizations to be funded difficult, even though the partnership is credited with having created nonduplicating prevention activities with resident-based participation.

6

F. Rivals:

1. The county has had a wide variety of prevention programs in place, although the rural areas have had little prevention programming. The Caron Foundation focuses on treatment, but also has been involved in the drugfree workplace initiatives and supports presentations in schools and town meetings. The local drug agency also tends to be treatment focused but has student assistance programs in the schools that are not partnership-sponsored. A number of other community partnerships in the community conduct prevention activities and are not part of the partnership, and the community also has an array of school, MADD, SADD, DARE, and other prevention activities.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. Most of the partnership's prevention activities reflect increased awareness and mobilization activities. Mobilization has increased, as evidenced by citizens uniting for the first time to implement prevention programs. Specific activities have included: a mentoring program whereby youths sign a one-year contract to meet weekly with a mentor; a basketball program bringing culturally diverse groups together in friendly athletic competition; and a program to educate youths and 256 parents regarding substance abuse. The overall dosage score for the community was 23,494.

B. Breadth and Depth of Prevention Policies:

-3b

1. The partnership did not become involved in developing or implementing substance abuse prevention policies.

2(L)

Assessment of exhibit.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Community Prevention Partnership of Berks County

A13.* Developmental Dollars Program. Funds are made available to spinoff community-based partnerships located around the 21 school districts in Berks County, up to $2,000 per fiscal year, to implement prevention activities. The target group for all proposed activities is the family, and a 50/50 funding match is required. In January 1996, 13 spinoff partnerships were participating in this activity.

A2. Festival of Nations. This one time activity was developed by the partnership to replace a discontinued annual communitywide cultural event (Riverfest). The partnership secured $30,000 in corporate sponsorship to support this two-day event staged in June 1995. The activity provided a platform for the community to celebrate the diversity of Berks County through educational activities, music, arts, dance and food. The festival gave the partnership an opportunity for high visibility, 10,000-l 5,000 county residents attended the event.

A14. PRIDE Parent Training. A video-based workshop for parents that provides participants with the knowledge and skill necessary to help children achieve a drug-free passage into adulthood. Fifty-six facilitators were trained and 256 parents participated in the workshops. An outcome of this activity was increased adult involvement and participation in prevention activities.

A6. Staff Outreach for Community Mobilization. Both a strategic effort to mobilize the community at the grassroots level, as well as an incentive activity. All partnerships formed under this activity are eligible to apply for developmental funds.

A23. Countywide Strategic P/an. This process is modeled after the CPPBC strategic planning process conducted as a result of participation in CSAP's Institute for Partnership Development. The partnership began the communitywide strategic planning process in November 1994 to assist the planning and development of 14 local partnerships.

A14. Cultural Competency Training for Berks County Court System. This one-time event was conducted over a two-day period in June 1995. The cultural competency training was conducted for 38 Berks County Court System employees, including department heads, judges, managers, juvenile and adult probation staff.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

There were no prominent preventions regulations or policies promoted in this partnership.

Lamar County Community Partnership
(September 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in the Community:

1. Rural county of about 30,000 residents, with 87 percent white. Race relations do not include social interaction across race. One-third of households have income of less than $15,000 per year, but pockets of affluence exist because the largest community in the county comprises faculty and other university professionals who work in the nearby city of Hattiesburg.

2. Lamar is a "dry" county, but alcohol can be obtained legally in the city of Hattiesburg. Adult consumption of alcohol is acceptable behavior, yielding mixed message to youths. The church, which serves as a dominant guiding force in the county, advocates neither the misuses of alcohol nor the teaching of its responsible use and has no clear guidelines on alcohol use. However, the county culture preaches strongly against drug abuse. Marijuana, cocaine, and crack also are drugs used in the county.

3. The white population in the county is widely and sparsely distributed, while the African American community is densely populated within specific areas, such as the turnkey public housing projects. As a result, the degree of substance use appears greater within the densely populated areas, leading to the perception that abuse is more severe among African Americans.

B. Physical Setting:

1. The county has five towns, but they are sparsely populated and facilities for youths such as parks, theaters, or recreational facilities do not exist. About one-third of the county's population is under 21 years of age.

C. Commercial Base:

1. Some businesses have been closing, but the overall unemployment rate is low (4.3 percent).

2. Partnership-Building and Partnership-Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The grantee organization is the university, located in the nearby city. (The city also is the location of a second, CSAP-funded partnership, and the university is a member of that partnership.) The university contacted a prominent county citizen to produce the original partnership and then proceeded to apply for the CSAP grant.

2. The university and the partners misled themselves during the initial application and award process. First, the partnership thought that only ten members could be proposed (the application thus excluded several organizations, including one of the two school districts, which has since refused to join the partnership because it was not invited to be an original member). Second, at a large neighborhood association meeting, the president of that group announced that the county was to receive $2.4 million for drug prevention, to be used in whatever way they deemed appropriate. Some individuals mistakenly believed that the funds could be used to purchase land and equipment for parks and recreation activities, and as a result of this misunderstanding the neighborhood association has not been active in the partnership since then.

-4e

3. During the first three years of the grant, the most problematic situations faced by the partnership dealt with staff turnover, poor communication, and mistrust of the grantee agency. The partnership only began to deal successfully with these issues in 1994, with the hiring of a new project director and new community coordinators (who staff the task forces), and a diminution of the program director's role. These changes helped empower the community to become more involved in the partnership and develop a sense of ownership.

4c

4. The partnership experienced significant increases in membership, but only beginning in 1995. The partnership director is an African American and has encouraged more African Americans to join the partnership. Overall membership has grown from 11 members to 589 members, including 50 new business members.

5. Since 1994, the partnership's structure has been very formalized. Partners sign a memorandum of agreement and a commitment to support the partnership's goals (see below). Individuals also may join the partnership. An eleven-member executive board serves at the pleasure of the partnership, meets monthly, and elects the executive chairperson, who provides administrative leadership for the partnership. There are eight task forces and five community councils.

B. Common Vision:

1

1. The partnership developed a comprehensive plan in 1994. Goals include effective linkages across agencies (including the schools), substance abuse information services at multiple sites, and substance abuse education via the DARE curriculum.

-4b

2. However, the intent of the partnership is to have the five community councils each develop their own goals rather than imposing an overall plan on each council.

C. Community Implementation Strategy:

5=0

1. The five community councils cover the five main areas in the county and thus represent a decentralized, geographic component of the partnership. However, by late 1995 only two councils were fully operational.

D. Coordination Function:

1. The partnership has built and expanded a network of organizations, institutions, and businesses. One of its salient roles in the network is as coordinator. The media campaign complements this role. For instance, until the campaign was implemented in May 1994, the community thought that DARE was a school activity, not a partnership activity.

E. Partnership as an Ongoing Organization:

-4f

1. The partnership is acutely aware that there is no community commitment to continue funding the partnership in its present state. The goal is to pursue support for the various components, including the five community councils. The partnership is aggressively exploring strategies to help each of the five communities reach their stated goals. One council has become an independent 501(c)(3) and received over $200,000 in community development and drug elimination funds from HUD.

F. Rivals:

6=0

1. The county had a couple of prevention programs prior to the partnership, but the partnership has coordinated and expanded them and started others. There are no drug treatment services in the county, so the partnership includes a full-time substance abuse counselor. Overall, there are no rival prevention activities within the county. The nearby city of Hattiesburg has another CSAP-supported partnership, targeting a different area.

3. Prevention Strategies

A. Depth and Breadth of Prevention Activities:

1. Development of community billboards, along with PSAs and other coverage by the mass media have played an important role in helping to develop a positive identity. The partnership's recognition rating doubled from 1994 to 1995, from 16 to 32 percent. The media campaign consists of several events and activities, including drug-free decals, restaurant table tents, and a newsletter, in addition to the billboards and PSAs.

3a

2. The PSAs have been aired monthly for the past 17 months, with a claimed audience of 100,000 persons for each airing. The partnership's quarterly newsletter has been distributed five times to each of the 14,000 households in the county.

3. Other prevention activities include DARE (reaching 545 students), peer counseling training (which has led to youth councils in each of the five communities, as a spinoff), and a march on drugs (multiple activities) calling for zero tolerance for substance abuse within the community.

4. The community's overall dosage score of 273,001 is very high relative to the size of the population.

B. Depth and Breadth of Prevention Policies:

1. The partnership supported the sheriff's office in implementing a driving while under the influence (DUI) policy targeting youth 18 and under. The goal of this policy is to stop beer parties before they begin and involves roadside spot-checks after high school sporting events.

3b

2. The partnership influenced local businesses in changing their personnel policies to allow participation by their employees in a partnership-implemented "partnership day." Although one major business had a written prohibition on the wearing of any T-shirts by its employees while on the job, this ban was lifted so that the employees could support the partnership and its prevention efforts, including the wearing of partnership T-shirts every third Friday of the month.

3. The partnership influenced the largest supermarket in one of the areas to erect a small structure on the side of its store for the sole purpose of selling tobacco products (so such products would not be sold within the main supermarket).

2(H)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Lamar County Community Partnership (LCCP)
A1.* March on Drugs: Collaboration between Lamar County and DREAM of Hattiesburg. Annual campaign held in March as a call to action to zero tolerance for substance abuse within the community.
59. DARE: Seventeen-week school-based program. Five hundred forty-five students in the fifth and sixth grades attend weekly lessons. Pre- and post-tests show increased substance abuse knowledge and awareness among program participants.
B11. Peer Counseling Training: Provides peer counseling summer retreat for 40 eighth- through tenth-grade students, Followed by resiliency training in five middle schools.
515. ***Purvis Parents for Progress and Lumber-ton Proud Councils:*** Two community-based 501(C)(3) organizations developed and coordinated by the partnership. Provide strategic planning and development of prevention services at the community level.
576. ***Media Campaign!:*** Implemented by the public awareness task force to increase community awareness, aid in partnership growth, and affect local substance abuse policy. Credited with helping to decrease teen alcohol-related vehicle deaths.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED BY THE PARTNERSHIP

Lamar County Community Partnership (LCCP)
B5.* Decreased teen alcohol-related deaths as a result of sheriffs office conducting roadside checks after high school sporting events. ***D12.*** Local business changes personnel policy to conform to partnership's prevention message. ***E16.*** Local business tightens control on sale of tobacco to youth.

*Numbers refer to classification scheme in the final cross-site report.

Communities in Partnership for a Healthier Macon County
(January 1991 - June 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Macon County encompasses 578 square miles in rural Illinois, about 180 miles southwest of Chicago, 120 miles northeast of St. Louis, and 30 miles east of Springfield. The 1995 population was about 117,000, of whom about 84,000 live in Decatur and the remainder in the county's other 14 villages and towns. The population consists of about 15 percent in minorities (12 percent African American).

2. The county is characterized by a large blue-collar workforce, high unemployment (7.5 percent), low income ($11,000 average per capita income), low levels of education, high dropout rates, and high incidence of female-headed households, teenage pregnancies, and infant mortality.

3. Crack, cocaine, and marijuana remain the drugs of choice, although alcohol is the drug of choice among the blue-collar population. Substance abuse among school children has been rising, with drug offenses for children aged 16 or younger increasing from 19 in 1992 to 40 in 1993.

B. Commercial Base:

1. The county has suffered from prolonged labor-management disputes, including high unemployment, employees on lock-out, and employees on strike at two major firms for over one year. According to interviewees, the high unemployment rate and deteriorating economy have exacerbated the county's substance abuse problems.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership organization started two years prior to the CSAP award, first submitting a partnership grant application to the Robert Wood Johnson Foundation that was not funded. The partnership largely involved agency professionals and other leaders and does not appear to have carried out significant prevention activities prior to its eventual CSAP funding in the fall of 1991. The Decatur Mental Health Center serves as the lead agency.

2. As of October 1992, the partnership had grown from 13 to more than 170 members, which also was its peak. From the outset, the partnership has relied on existing community organizations and local agencies. Grassroots participation has been marginal, and participation by key leaders in the rural and faith communities remains low, although the project director has greatly encouraged more extensive participation by all segments of the community, lay and professional.

3. The partnership experienced conflict over several issues during its formation, including initial misunderstandings about the requirements of the CSAP award, disagreement over the staff selection process and the choice of project director, and the partnership's internal structure, racial representation, selection of a local evaluator, and selection of a logo. These issues were eventually resolved, but the partnership had four project directors during its first two years (the current and fourth project director has been in place since the fall of 1993).

4. By the fifth year, all of the major agencies had become board members of the partnership, and its committees and staff were operating smoothly.

B. Common Vision:

1. The partnership developed a comprehensive prevention plan that appears to have been completed by 1995. It is a county-wide prevention plan that proposes a number of prevention priorities and has served as a rallying point for other social and prevention agencies in the communities.

C. Community Implementation Strategy:

1. The partnership does not appear to have developed any neighborhood or small-area focus, for either the urban or rural areas.

D. Coordination Function:

1. From the beginning, the partnership has emphasized partnering with existing organizations and agencies. One of the major social planning efforts was the creation of an integrated information system, based on a survey of more than 150 social service agencies. Similarly, a touch-screen answer machine, a computer-assisted community services network, and a grant assistance center were in operation and had been used by different organizations and individuals in the community.

2. The partnership has worked closely with specific other agencies to jointly plan and support such activities as: collaborating with the media to launch a community-wide media campaign; establishing the grant assistance center at the Decatur Public Library; and supporting a citywide sting operation of vendors who sell alcohol and tobacco to minors.

E. Partnership as an Ongoing Organization:

1. The partnership has no apparent plan for surviving as a whole. Efforts are underway to have the separate components supported in one fashion or another, including support from the Kellogg Foundation for a family component and transfer of the community service network or grants assistance center to agencies such as the public library.

F. Rivals:

1. Many prevention activities existed prior to the formation of the partnership, including DARE programs, United Way funded programs for at-risk youths, and programs implemented by the criminal justice system (the state attorney's office has a drug program targeting schools and workplaces; and the law enforcement agency has implemented school- and community-based programs targeting youths as well as DUI efforts aimed at preventing underage driving while intoxicated. Although some of the programs have been part of the partnership's coordinated information system, these other prevention efforts may have produced any observed impacts and outcomes.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The grant assistance center has been a great resource for the community as a whole, helping with the development of many grant applications and resulting in a $1.8 million homeless grant from the U.S. Department of Housing and Urban Development and a $600,000 grant from the Kellogg Foundation, along with many other smaller projects.

2. Over 500 community leaders and individuals have dedicated time to planning and implementing the answer machine and community service network. Another prevention effort has been a mini-grant

project, with the partnership granting over $55,000 to support various community projects. The partnership also has sponsored a number of fairs and events, and also targeted workplace prevention education efforts, conferences for teenagers and junior college students, and self-sufficiency programs for high-risk families. The overall dosage score for the community was 3,067.

B. Breadth and Depth of Prevention Policies:

1. The partnership has been involved in a variety of policy initiatives, including: passage of a state law in 1994 calling for on-the-spot suspension of a minor's driver's license if stopped with alcohol on his or her breath; promotion of pre-employment drug testing and random on-the-job drug testing, in collaboration with the chamber of commerce: passage of a school policy to promote smokefree schools in the school district; and advocating a citywide ordinance to restrict tobacco sales to minors as well as guns- and drugfree school zones.

3b

2(n) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Communities in Partnership for a Healthier Macon County (CIP)

A1.* Red Ribbon Campaign: An annual activity conducted since 1991, the event drew over 40,000 people over the years and was co-sponsored by about a dozen organizations in the target community.

A2. *Ethnic Fair:* An annual event conducted since 1992, it has presented substance abuse messages, along with entertainment and food, to approximately 1,000 people of different ethnic backgrounds.

A7. *The Answer Machine and Community Service Network:* Designed to provide information on substance abuse-related and other social services to the general public in the target community, the information network has been used by over 500 organizations, community leaders, and individuals since its opening in 1994 and was co-sponsored by the Decatur Public Library.

B9. Ma/es Achieving Now: Implemented in 1994 in collaboration with Macon County schools, local services providers, and the business community, the program has targeted high-risk teen males and junior college students and trained them to be substance abuse-responsible. A total of 150 young males attended the training.

B10. Family Investment Project: Initiated in 1994 by CIP and four other social and housing services agencies in Decatur, the project seeks to provide and coordinate services for high-risk families in an effort to lead them to better opportunities and gainful employment. To date, 17 high-risk families have been recruited and served.

B11. High School Alcohol-free Dance: In collaboration with the Youth Council, the partnership organized this event in early 1995 as an alternative activity to deter youth from involvement in substance abuse activities. Approximately 185 youth and adults attended.

B14. Black Colleges and Universities Fair: Conducted in 1995, the program was implemented in collaboration with Decatur public schools to improve access to information about Black colleges and universities nationwide for potential African American students, and to promote higher education and consequently prevent substance abuse involvement. About 50 students and their families attended the event.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Communities in Partnership for a Healthier Macon County (CIP)
B22. ***Mini-Grant Program:*** A communitywide effort designed to provide seed money to substance abuse prevention projects implemented by other community organizations and agencies, the program has awarded over $55,000 to more than a dozen organizations since 1992. ***C24. Grant Assistance Center:*** Implemented in collaboration with the Decatur Public Library, since the second year of the project, the center has assisted over 200 organizations and individuals in preparing substance abuse-related and other proposals.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Communities in Partnership for a Healthier Macon Countv (CIP)
A1.* Coordinated an initiative to implement teen curfew from 11 p.m. to **6** a.m.
A2. Supported the passage of an anti-cruising ordinance.
B5. Supported the implementation of DUI check points.
B6. Supported sting operations against vendors selling tobacco to minors in 1994 and 1995.
B6. Coordinated an initiative with other substance abuse prevention agencies to pass the zero tolerance law.
B6. Advocated the passage of fines for alcohol sales to minors.
C9. Advocated and supported the passage of gun- and drug-free school zones to combat substance abuse problems in Decatur school system.

*Numbers refer to classification scheme in the final cross-site report.

Alachua County Substance Abuse Partnership
(October 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Alachua has a population of about 191,000, which includes more than 45,000 students at the University of Florida and Santa Fe Community College. African Americans comprise nearly 22 percent of the population. The per capita income for the county was only $15,000, and the percentage of persons living below the poverty level was 23.5 percent, almost twice that for the entire state of Florida.

2. Substance abuse problems have remained essentially the same for five years. The major drugs of abuse are alcohol, tobacco, crack cocaine, cocaine, and marijuana. Smokeless tobacco is considered a problem in the school system, especially in the rural areas. The community does not perceive alcohol as a problem because it is a private situation. The high consumption of beer and other types of alcohol at football games and other collegiate events is part of a ritual for college students.

3. Three very visible and tragic substance-related deaths occurred in Gainesville during 1995, including the death of a sheriff's son with high alcohol content in his blood, and the deaths of two other Gainesville seniors in alcohol-related car accidents.

4. The partnership targets eight rural towns around the city of Gainesville, which is the center of the county, but not the city itself (but see ***Breadth and Depth of Prevention Activities,*** below).

5. One of the chief obstacles encountered by the partnership is the division of community members by racial groups and religious denomination. Another important barrier is the economic limitation resulting from budget cuts at the local, state, and federal levels in schools, the housing department, and the police department.

B. Commercial Base:

1. The University of Florida is the leading employer and a dominant force in the area's economy; the health care industry is the second leading employer, and one of the advantages of the county is the availability of health care services, ranking second in the state for health care access.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership began in September 1990 with a steering committee representing individuals living in rural areas or working for agencies involved in substance abuse. The steering committee agreed that Santa Fe Community College would serve as the fiduciary agency, with a member of the college staff becoming the project director.

2. The partnership's members are mostly composed of agencies and organizations having a shared interest in substance abuse prevention, and the local councils' membership is made up mainly of local citizens. The partnership started with about 28 members, and there are now about 50 active members.

3. The partnership has an executive committee, a steering committee, four standing committees, and 14 task forces. The strength of the partnership's structure lies in the decentralized planning process, the flexible design of the community programs, and the empowerment and advocacy opportunities.

4. Initially, the president of the community college and the superintendent of the school system, serving as chair and co-chair, provided the necessary clout during the early implementation. In September

1994, the executive director of a large and active community-based (and prevention-oriented) organization, The Corner Drug Store, became the chair.

5. The project director was selected during the application process, and a project coordinator was hired in 1993 to assist the project director in supervising the staff (four community prevention specialists, a clerical assistant, and an evaluator). Due to turnovers in the coordinator position and the lack of expertise of the specialists, the emergence of the partnership's structure and functioning took an extraordinary amount of time and resources. Staff turnover has been a significant obstacle. For instance, three coordinators served during the period 1991-1994, and the local councils have gone months without a community prevention specialist.

6. By all counts, there has still been little representation from the faith community in the partnership, possibly stemming from the segregation of churches. The black churches see the partnership as a white organization, and the white churches say they do not have a substance abuse problem.

B. Common Vision:

1. The partnership started a strategic planning process in September 1992 that was not completed until two years later, when the partnership approved the strategic plan in September 1994. As a result, most of the prevention activities have not been guided by the plan, but have been formulated on the basis of the needs assessment and input at partnership meetings.

2. The partnership has targeted four populations in the communities: school-aged youth and their parents; church members and their families; employers, employees, and their families; and public housing residents and their families.

C. Community Implementation Strategy :

1. Prior to the partnership, little or no coordination occurred within its eight rural communities. Each community has its own local government. The partnership formed a separate substance abuse prevention council in each of the eight communities.

2. Each council is staffed with a [50 percent time?] community prevention specialist and an assistant who provides support in implementing the council's workplans. In addition, the partnership provided each council with $10,000 per year for three years, to support prevention activities. At the same time, the needs of the eight communities differ, and the partnership did not have the resources to provide them with all the necessary skills to become self-sufficient. Possibly five of the eight councils may be able to sustain their prevention efforts.

D. Coordination Function:

1. In ***many*** instances, the partnership has promoted the coordination of government agencies in the eight rural towns targeted by it.

2. The Community Council on Alcohol and Drug Abuse voted to merge with the partnership in 1994.

E. Partnership as an Ongoing Organization:

1. The possibility of continuing the program at the community college is considered unlikely, because the college is going through changes that will result in the closing of the community education program. Another alternative is to incorporate as a nonprofit organization. However, as of November 1995 the partnership had not decided on a plan of action.

2. Some of the rural councils will continue their prevention activities, and there is probably enough community support to maintain five of the eight councils.

F. Rivals:

6

1. Programs sponsored by law enforcement, housing, the school system, and community-based organizations all have been operating before and during the partnership's operation and constitute rivals. For instance, the sheriff's office received a grant to arrest the employees of businesses that sold alcohol to minors; it also received a federal drug elimination grant to develop substations in two of the towns. The school system successfully received a drugfree community grant and trains 150 teachers as curriculum instructors. A major community organization operates programs in Gainesville, but not in the eight communities targeted by the partnership.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

-3a

1. The partnership developed a drugfree workplace project with a supplemental grant from CSAP in 1993. This program targeted the rural towns and the city of Gainesville. As of 1995, the partnership had recruited 125 businesses employing one-third of the workforce in the county.

2. By promoting cleanups on streets traditionally known as drug sales points, the partnership may have reduced the availability, accessibility, and existence of open-air drug dealing. Interviewees reported that these cleanups reduced drug-trafficking, made existing drug-dealing less visible, and moved some dealers to other streets.

3. The development of alternative recreational activities is part of the partnership's priority of deferring first-time illegal drug use. The partnership community's overall dosage score was 12,616, which is high relative to the size of the population.

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership supported Mothers Against Drunk Driving (MADD) in decreasing the BAC level from .10 to .08 percent. The partnership also has supported other MADD policy initiatives related to underage sales of alcohol.

2(M)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Alachua County Substance Abuse Prevention Partnership (ACSAPP)

Al.* Red Ribbon Campaign: Annual activity drawing 33,000 youth and their families during the week, co-sponsored by the University of Florida.

A2. Bring Back the Black Males Project: Operated by five of the SAPCs and involving about ***60*** participants. Aim was outreach to African American males, exposing them to prevention as well as empowerment, such as promotion of citizen participation and voter registration.

B10a. Safe Place Project: Supported two safe places in 1995 for runaway youth in one SAPC area (High Springs).

B10b. Youth Community Center: Activity started in 1995, to provide youth activities under adult supervision in a vacant school building by one SAPC (High Springs).

Blla. S.T.A.R. Youth Group: Meets weekly for l-2 hours, increasing prevention awareness and providing alternative activities to about 25 children aged 8 to 14. Activity emanated from SAPC's (Archer) neighborhood clean-ups (see B18a) and also has led to other youth activities, including employment and tutoring efforts.

Bllb. Summer Enrichment Program: Six-week program held during the summer of 1994 and 1995, enrolling over 100 students each in an all-day program. Program addressed academic achievement, self-esteem, and alternative activities, and was organized by one of the eight SAPCs (Monteocha/LaCrosse) and included support from the local school board. A similar program was operated by another SAPC (Waldo).

B11c. Drug-Free Youth Dance Project: A series of three dances held in 1994 and attracting over 500 youth in total, sponsored by one SAPC (High Springs).

Blld. Afterschool Lab and Tutoring: Four-hour computer lab run by one SAPC (Micanopy), four days a week, with hours and availability to additional school grades extended in the second year.

B11e. Tutoring Classes: Two-hour, Saturday morning classes for about 20 students throughout the school year and over 100 during the summer, offered by student tutors from the local university. Operated by one SAPC (Monteocha/LaCrosse).

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Alachua County Substance Abuse Prevention Partnership (ACSAPP)

B11f. Sports Teams: Reached about 50 youth by sponsoring three sports teams during 1994–95. Team uniforms featured partnership's logo and SAPC (High Springs) name. Another SAPC (Micanopy) also sponsored a team in 1995.

B11g. Oral History Project: Youth groups in two SAPC areas (Micanopy and Archer) interviewed elderly citizens to learn about the history of the community.

B11h. High Springs Team Sponsorship: Softball, soccer, and basketball teams sponsored by the High Springs Council to improve drug awareness and offer drug-free recreation to youth. Fifty youth participated in this activity during the fall of 1994 and the spring of 1995.

B11i. Micanopy Team Sponsorship: The Micanopy SAPC sponsored a softball team for girls aged 9–12. The girls met daily for two hours under adult supervision in a program to promote family involvement and community awareness.

B16. Media Campaign: Operated during most of the partnership's years. As part of the campaign, television commercials advertised drug-free workplace campaign, and a local television station gave the partnership twice the amount of air time as was purchased, as an in-kind contribution.

B17. Drug-Free Workplace Campaign: Received CSAP supplement, starting at the end of 1993. Opened drug-free office in the Gainesville Area Chamber of Commerce, employing an outreach person. Printed and distributed flyers and contacted 350 firms, recruiting 125 to join the effort and place their policies on file. About 75 of the firms' policies were found to be in full compliance with the Florida Workers Compensation Act, which provides a 5 percent credit on workers' compensation premiums once comprehensive policies (including drug testing) are implemented.

Effort has affected over 30,000 workers, or one-third of Alachua's workforce, and has yielded $330,000 in savings on premiums. Other major institutions (local colleges and government) are still trying to join, and the effort is broadening.

B18a. Neighborhood Clean-up: Held for several years by one of the eight communities (Archer), focusing especially on a street infamous for its drug trafficking and labeled "the drug capital of Alachua County." Effort has empowered residents, who also have asked for enforcement of local housing codes, created a neighborhood association, and formed a youth group (see B11a, S.T.A.R. Youth Group).

B18b. MADD DADS: Received start-up contribution from one SAPC (Hawthorne) at the time of SAPC's formation. Group (Men Against Drugs and the Destruction of Society) later conducted street patrols and provided anti-drug presence in community.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED BY THE PARTNERSHIP

Alachua County Substance Abuse Prevention Partnership (ACSAPP)

A3.* Current initiative (spring 1996) to increase sales tax by one cent (from $0.06 to $0.07) to finance recreation activities and a recreation center.

B5. MADD's initiative to lower blood alcohol level from 0.10 to 0.08 percent.

C9. Legislation to prohibit students from carrying beepers into schools, because beepers are widely used by drug dealers as a means of communications.

D12. Drug-Free Workplace Program in Alachua County for which 125 businesses filed their drug-free policies, of which 77 are in full compliance with the Florida Workers Compensation Act.

E15. Legislation to increase the legal age of alcohol servers from 18 to 21 (initiated by MADD in 1995).

E16. MADD's efforts to make establishments selling alcohol to minors responsible for traffic accidents: legislation was not passed.

E16. MADD's initiative to require that driver's licenses in Florida have a nonreproducible emblem, to decrease the ability of minors to purchase alcohol and tobacco.

*Numbers refer to classification scheme in the final cross-site report.

Washington County Anti-Drug Task Force Community Partnership
(September 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Washington County is located in the west-central portion of Mississippi, extending 22 miles from east to west and 36 miles from north to south, and with the Mississippi River bordering the western edge of the region. The county is located in the broad alluvial flood plain known as the Yahoo Mississippi Delta, with a population of about 68,000, most of whom live in Greenville (45,000) and the remainder in four other incorporated communities. The county is about 59 percent African American and 41 percent white.

2. Data from the 1990 census reported 33 percent of the county's population living below the federal poverty level (compared to the state average of 24 percent), a 40 percent illiteracy rate, and 18 percent of households headed by females (compared to the state average of 13 percent).

3. Alcohol has been the worst substance abuse problem, followed by marijuana, crack, and cocaine. Alcohol use is perceived as a way of life in the community and a factor in 80 percent of violent crimes. Drug trafficking also is part of the drug scenario, with easy accessibility through a river port having stimulated commerce in illegal drugs.

4. Gangs made their presence felt as early as 1989, and since then the number of gangs has increased. Deterioration of the family structure was mentioned as a problem of great concern, especially in relation to the abandonment and lack of care experienced by a large number of the youngest in the community. Poverty and their "need to belong" make these youngsters vulnerable to joining gangs and learning a trade in drug dealing.

B. Commercial Base:

1. The economic infrastructure is grounded in agriculture and fisheries, including cotton, rice, and catfish. Expansions in the last two years are aimed toward revitalization, and the county has been designated as a federal empowerment zone. Seventeen expansions have created about 550 jobs. Also among the newest revenue producers are two casinos, which have created 1500 jobs but which also may be accompanied by the spread of drug trafficking, substance abuse, and dramatic consequences of low-income residents who will be involved in gambling.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The task force originally consisted of 12 persons representing local agencies and was formed in 1989 to proactively prevent the spread of substance abuse, drug trafficking, and drug-related problems in the community. The task force prepared the CSAP proposal and the "Washington Anti-Drug Task Force" (see item #6 below) became the lead agency for CSAP's award.

2. Membership grew from 12 in 1989 to 250 in 1991, with over 100 members by 1995-1996. The partnership is now a broad-based community network, with a strength being its grassroots and multicultural nature.

3. The partnership consists of a 22-member board of directors (12 possibly represent the original task force members, and 10 are elected from eligible members). The partnership has ten committees (titled by administrative topics such as finance, long-range resource development, public relations, board

development, and business management and property-not prevention topics). The partnership's decisions are made by a majority vote during the board's meetings.

4. From 1991 to 1993, the partnership concentrated on developing itself, recruiting staff, training new personnel, establishing a board of directors and committee members, and developing by-laws. The partnership experienced several internal and external problems. Internally, the problems included conflict among the original partners regarding the intent of the CSAP grant, high staff turnover, and lack of a long-range strategic plan and leadership vision. The conflict culminated in the departure of several members. Externally, the partnership has faced "turf issues" from agencies and organizations concerned with their own funding and not interested in working together. In addition, apathy or lack of concern about substance abuse has made it difficult to involve some portions of the community.

5. Partnership officers are elected annually by a majority vote of the board. The staff consists of a project director (one has served since the original departure in 1992), project coordinator (a new one recruited at the end of 1994), secretary, and evaluator. One major problem has been staff turnover. Among the factors mentioned as possible causes of staff turnover were micro-management, lack of understanding of the partnership mission, and lack of commitment.

6. During the partnership's first few years, county residents often confused it with "drug task force," a law enforcement effort to arrest and prosecute drug dealers and buyers. Partnership staff and members were criticized by these residents for not arresting more people. Over time, however, the partnership demonstrated creativity in implementing public awareness and outreach campaigns.

B. Common Vision:

1. The partnership has a comprehensive approach in developing self-sustaining, multi-faceted prevention, early intervention, and treatment referrals and activities to serve youth and young adults. One major accomplishment was a countywide needs assessment finished in 1994 and based on a county-wide survey of community leaders and other service providers and individuals. However, a long-range action plan was never developed.

C. Community Implementation Strategy:

1. The partnership appears not to have had any small-area level implementation strategy.

D. Coordination Function:

1. The partnership worked to bring organizations together, increase substance abuse awareness throughout the county, and encourage community mobilization, empowerment, and volunteerism. For instance, the partnership and three other organizations created an interagency council in November 1995, to identify service gaps in the community. The council meets monthly and represents about 15 agencies.

2. The partnership also serves as a resource center for prevention organizations, providing information on prevention, and also functions as a referral agency, providing names and phone numbers of countywide service providers.

E. Partnership as an Ongoing Organization:

1. In a 1996 retreat for members of the partnership and the community, a plan for the partnership following termination of the CSAP grant was developed. The partnership is likely to continue after funding ends, through various funding sources such as other grants and donations, such as $35,000 from the state's community service block grant and donations from the United Way and individuals.

F. Rivals:

1. Few organizations in the county besides the partnership focus on prevention in a comprehensive manner. However, any impact among youth is likely to have been influenced by the drugfree schools

program, which began in 1986 and is the most comprehensive prevention program besides the partnership. The program reaches every student in the Greenville public schools and two parochial schools, K-12. The county also has a number of other prevention efforts, including "Smart Moves" (Boys and Girls Club) and programs administered through the faith community or through the law enforcement agency.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

-3a

1. In addition to its interagency activities and operating a resource center, the partnership has sponsored numerous seminars, workshops, and training events, reaching about 4,000 students. The partnership also has held a variety of incentive and alternative activities, including park parties, a drugfree balls, and a teen talk radio show. A business roundtable, however, was only sporadically active, and the inability to involve the business community in a sustained way has resulted in a major area of the partnership's original comprehensive and communitywide vision not being fully realized. The overall dosage score for the entire community was 150,400.

-4c

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership strongly supported a new teen curfew in 1992, although there is no evidence that the curfew has been strictly enforced. The partnership also has supported several statewide initiatives, including a truth-in-sentencing law, the initiation of a statewide grand jury, and a new law concerning DUI for boating.

2. In 1994, the partnership supported stricter enforcement regarding the purchase of liquor by minors, but this stricter enforcement only lasted about one year due to a change in police chiefs.

2(M)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Washington County Anti-Drug Task Force Community Partnership

B18.* Park Parties: One of the first activities sponsored by the Washington County Anti-Drug Task Force (which became the partnership), the Park Parties may still be the activity for which the partnership is best known. The purpose of the Park Parties is to encourage residents to come to area parks to clean up the grounds, paint over graffiti on buildings, play games, enjoy refreshments, and participate in substance abuse awareness activities, such as listening to speakers and picking up printed information. From May through September each year, about 15 Park Parties are held throughout Washington County, attracting 200-300 participants at each party. Other agencies and businesses co-sponsor the events and often sponsor them without the partnership the following year. The goal of the Park Parties is to empower residents to fight local drug problems on their own by discouraging drug activities and "reclaiming" the parks, and there is substantial anecdotal evidence that the Park Parties successfully achieve that goal. The parties also enhance the spirit of volunteerism in the county, as residents become aware of their own capabilities and of the resources in the community.

A1. Drug-Free Ball: The partnership's second Drug-Free Ball was held in February 1995. The event provided dancing, socializing, awards, and refreshments in a substance-free environment. The 1995 ball was attended by about 500 people-youth and adults, African American and white. The purpose of the Drug-Free Balls is to demonstrate that people could socialize and have fun without drugs or alcohol. The balls also successfully brought together people of varying ages and ethnicities, an important contribution in a community that experiences deep divisions by racial and economic background.

B14. Seminars, Workshops, and Trainings: Since 1991, partnership staff has provided approximately 50 seminars, workshops, and training sessions per year, not including sessions at schools, on prevention topics. In the past year, topics have included "Drugs in the Workplace" for businesses; "Drug and Gang Awareness" for gang members and law enforcement officers; "Law Enforcement Procedures" for law enforcement officers; and "Pride Parent to Parent" training of trainers.

B9. In addition, staff presented about 13 one-hour substance abuse prevention sessions at schools, reaching about 4,000 students with information about the dangers and signs of substance abuse. The pre-partnership task force began working in the schools in 1990. There are no outcome data on the seminars, workshops, trainings, or school prevention sessions, but these activities are well attended and likely contribute to overall substance abuse awareness in the county.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Washington County Anti-Drug Task Force Community Partnership

B11. **Youth Coalition:** Growing out of the group of students who were involved in the partnership's student survey during 1994, the youth coalition has sponsored parties, dances, conferences, parade floats, recreational activities with homeless and abused children, painting of murals with prevention messages, and painting over graffiti-covered walls. The youth coalition has about 20 members. The purpose of the coalition is to increase substance abuse awareness among youth, keep youth busy to prevent illicit activities, and provide anti-substance abuse peer pressure. The youth coalition stimulated formation of the teen *talk* radio *show,* a twice-monthly youth talk show on a local radio station that provides a forum for youth to discuss their problems and help each other find solutions.

B21. Interagency Council: In November *1995,* the partnership and three other organizations (the Work Force Alliance, the Mississippi Employment Service, and the Washington-Warren-Isaquena-Sharkey Community Action Agency, or WWISCAA) organized an interagency council that began meeting regularly to identify service gaps in the community and promote interagency cooperation and collaboration. The interagency council has met monthly since then and has served as an opportunity for staff of various agencies to meet and learn about what other agencies in the county are doing. Currently, about 15 agencies are represented at the meetings.

A1. Red Ribbon Week: In October of each year, the partnership and the schools sponsor Red Ribbon Week, with some involvement from businesses and churches. The October 1995 Red Ribbon Week reached approximately 20,000 people through its speakers, contests, parade, and bonfire, in which students burned decorated boxes that symbolically contained their problems. Red Ribbon Week has been held every year since 1985.

A1. Make a ***Difference Day:*** Held during Red Ribbon Week, Make a Difference Day attracted 120 participants in 1995. The participants planted flowers and trees, held a clothing drive for needy children, winterized vehicles for elderly residents and single parents, painted a graffiti-covered wall, and constructed a volleyball court and performance stage at a school for troubled boys. Many social and civic organizations were involved. The goal of Make a Difference Day is to mobilize and empower community residents to become involved, care about their communities, and "reclaim" their communities from crime and drug-related activities.

A7. ***Information and Resource Center:*** A major function of the partnership is to serve as an information and resource center to disseminate audiovisual and printed materials with prevention themes to organizations and individuals throughout the county. The partnership also provides access to a conference room and to audiovisual equipment for organizations working on prevention. These resources are viewed by the organizations and individuals who use them as a valuable contribution to prevention efforts in the county.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Washington County Anti-Drug Task Force Community Partnership

Teen curfew, In 1992, the partnership strongly supported a new curfew for teenagers in Greenville that required them to be in by 11:00 p.m. on weeknights and midnight on weekends. The curfew has not been strictly enforced, however, and there is no evidence that it has effectively reduced teen crime or drug involvement.

Truth-in-sentencing law. In 1992, a truth in sentencing law was passed in Mississippi. The effect was to reduce plea bargaining, end the practice of releasing inmates after they served 270 days in jail regardless of the crime, and require that inmates serve or nearly serve out their sentence. Before the law was passed, the partnership held a forum to discuss the sentencing issue, which was attended by about 1000 people, including district attorneys, judges, and the chief of police. The forum helped bring about the passage of the new law. The truth-in-sentencing law was viewed as helping to reduce the drug problem by requiring drug dealers to serve longer sentences.

Statewide ***grand jury.*** In February 1993, Mississippi instituted a statewide grand jury system. Previously, there had been a "good old boy" system, in which some people were able to use their influence and connections to avoid being indicted for crimes in which they were implicated. The statewide grand jury effectively ended that practice. All four community partnerships in the state supported instituting the statewide grand jury. In 1994, a new law was passed in Mississippi concerning operating a boat while under the influence of drugs or alcohol. All four community partnerships in the state supported instituting the statewide grand jury.

DUI-for-boating. In 1994, a new law was passed in Mississippi concerning operating a boat while under the influence of drugs or alcohol. All four community partnerships in the state supported passage of the new law, and the general impression is that it helped reduce the incidence of drinking while boating, although no data are yet available to support that impression.

Police Spot-Checks at liquorsfores. In 1994, based on the results of the partnership's youth survey which revealed the extent of underage drinking, the police in Washington County began stricter enforcement of laws regarding minors purchasing liquor at liquor stores. However, the stricter enforcement only lasted about one year; it ended when there was a change in police chiefs.

Aurora Prevention Partnership
(October 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

A

1. The city of Aurora is a suburb of Denver, spanning two counties (Adams and Arapahoe) and having a population of about 250,000. The city experienced substantial growth in the 1980s, doubling its population and expanding its boundaries through annexation. As of 1990, about 82 percent of the population is white, 11 percent African American, 7 percent Hispanic, and 4 percent Asian Pacific Islander. However, there have been significant increases in the Hispanic population and an increase in non-English speaking families in the North Aurora area.

2. Economically, the region has been in decline for the past nine years, beginning with failures in the oil industry and a major recession and high unemployment rate. The closing of an air force base in 1994 and slated closing of an army hospital will further aggravate these conditions. Moreover, with funding cuts at the state level, service providers are having to do more with less, with cutbacks in the drugfree schools program and a lack of resources to employ bilingual staff.

3. The community has diverse substance abuse problems. For high school students, alcohol, marijuana, inhalants, and hallucinogens are the most abused drugs; for adults, the major drugs are thought to be alcohol, cocaine, and crack cocaine. Drug trafficking is a problem, and drugs are easy to obtain in the schools.

4. In recent years, the community has experienced increases in the number of gang members (estimated to be about 4,700) and gang-related crime. The community also has unacceptable school dropout rates, substance abuse-related health problems, and teen pregnancy.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

4d

1. The Aurora Youth Initiative served as the coordinator and lead applicant for the CSAP award, which was made to a partnership consisting of 32 community organizations. The partnership was then formed as part of the city's community services department, which serves as the grantee organization. The city government and department were reorganized in 1995, moving the partnership into a different division in the now-split department. The reorganization, despite staff changes in the partnership (see #4 below) was seen as benefiting the partnership by giving it greatly enhanced capacity.

2. In mid-1993, the partnership began experiencing decreased membership participation and meeting attendance. To address this problem, the partnership administered a membership survey and restructured and streamlined itself from nine to three committees (marketing, networking, and prevention enhancement), based on the survey results. (The survey also showed that the lowest scores were on variables measuring the clarity of the partnership's goals and objectives.) Staff also have tried to shift ownership of the partnership from the staff to the members, and these have all led to increased attendance and interest in partnership meetings. Membership, largely by public agencies, peaked in 1994 with about 68 members.

-4c

3. Throughout its life, the partnership has attempted to increase grassroots involvement. However, recruitment in the Native American, Hispanic, and Asian communities has progressed more slowly than anticipated. Further, the membership originally included an influential African American church, but the church ceased participating because of a perceived lack of responsiveness by the partnership to the minority community and to African American community needs.

4. The partnership is led by a nine-member coordinating committee whose members are not elected but who volunteer to serve. The committee does not facilitate the partnership meetings, however, which are led by a contracted facilitator.

5. Following the reorganization, the project director of the Aurora Youth Initiative departed, and the partnership's project director succeeded to that position, with the partnership's marketing coordinator in turn becoming the new project director of the partnership. The staff have been very active in the day-to-day functions of the partnership, and these changes were not viewed as disruptive. (The newly promoted project director had been in that position since the inception of the partnership.) The impetus for the partnership is perceived as originating with the staff, although the partnership has final decision-making authority.

4e

B. Common Vision:

1

1. The mission of the partnership is to implement an ongoing, self-sustaining, multidisciplinary, community-wide effort to prevent and reduce: alcohol and other drug abuse, especially among children and adolescents; drug-related deaths and injuries; and workplace alcohol and other drug abuse in Aurora. The mission is reflected by 14 goals, three of which emphasize collaboration and assessment, and the other 11 of which are based on risk-focused theory. Thus, the goals cover risk and protective factors in four realms: the community, school, family, and individual.

4b

2. While the partnership does not have a long-range strategic plan, as part of the planning process the partnership holds an annual retreat to set program priorities for the upcoming year.

5=0

C. Community Implementation Strategy :

1. The partnership appears not to have had any small-area level implementation strategy.

D. Coordination Function:

3a

1. The partnership explicitly pursues collaboration and cooperation as part of its main mission. Agencies are recognizing that substance abuse is not only the partnership's responsibility, but that each agency has a potentially important role, given the risk-focused theory. As an example, the partnership has coordinated technical assistance-service provider gatherings. The activity increased networking and information-sharing among private-sector providers, producing a level of networking that had not occurred prior to the partnership.

2. Interviewees also claim a greater degree of mobilization on substance abuse issues, as all partners organizations are more collaboratively oriented, having learned better to use each other as resources and being less concerned about competition and turf than in the past.

E. Partnership as an Ongoing Organization:

4f

1. Following a retreat in October 1995, the partnership formed a continuation committee. This committee focused its efforts on identifying funding sources to sustain the partnership. Due to the committee's efforts, the partnership was successful in joining with two other partnerships (in Aurora but not focused on substance abuse prevention) and obtaining a CSAP coalitions award in October 1995. With some additional resources the partnership's prospects for continuing for the next few years appear good.

F. Rivals:

6=0

1. The Aurora Police Department has conducted a variety of drug-related initiatives, and the mayor's office established a well-regarded gang task force in 1989. As part of a governor's initiative, communities for a drugfree Colorado, teams from various schools formed the Aurora Coalition for a Drugfree Community, eventually leading to the formation of the Aurora Youth Initiative that in turn led to the formation of the partnership. However, the partnership is the only organization focused on prevention in Aurora. **Other prevention programs did not consistently operate during the 1992-1995 period.**

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. The partnership has implemented afterschool programs, a teen talk show, and police/youth video, and other activities mainly focusing on youths. The overall dosage score for the entire community was 3,104.

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership has actively supported two substance abuse-related policies implemented in the city, as well as a third policy whose implementation is still pending. The first is a tobacco-free school policy, implemented in the spring of 1994, making it a misdemeanor for youth to possess tobacco on school property, though the effectiveness of the policy has been undermined by youths leaving the campus to smoke on the streets. The second, adopted in the fall of 1994, is a curfew law that permits policy to apprehend youths on the streets after 11 p.m. and take them to a recreation center where their parents have to pick them up. The third is a keg registration policy intended to eliminate adult purchases of kegs for youths, by providing authorities with a tracking mechanism. The policy did not pass in the spring, but the partnership is working to have it reconsidered.

2(L)

Assessment of exhibit.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Aurora Prevention Partnership (APP)

A2.* Multicultural Exhibit: interactive educational map of the world uses games to instruct participants on traditional dress, dance, music, food, and customs. Designed to teach elementary school children and their parents racial tolerance.

C23. Service ***Provider Gatherings:*** Organized service provider gatherings to provide information on a variety of issues including new city legislation, fundraising, evaluation, and the partnership's FreeNet referral service.

B14. Cops and ***Teens:*** A police/youth video to educate at-risk youth and new recruits to the police academy to ways in which youth can work cooperatively and collaboratively with police. Discussion questions follow each scenario; a manual is included for video users.

B15. Back Talk Teen Television Talk show: Youth-run television show for youth to voice their concerns about the social problems facing teens. Features guest speakers and audience participation, as well as a mixture of skits, music, and talk show debate. Issues covered include families and substance abuse.

577. ***Afterschool Program:*** Designed to instill more substance abuse protective factors in at-risk youth before they enter high school. Program format was driven by a student survey and includes dance, tutoring, movies, and substance abuse education.

Al. Family Fun Day: One-day program, targeting the Hispanic community, to involve families in prevention, improve communication within families, build individual self-esteem, provide education on substance abuse, and promote family-oriented activities.

A6. McDonald's ATOD Prevention Awareness Contest: Teamed with local McDonald's restaurant to sponsor a contest for youth and their parents as a way to foster communication about substance abuse. Youth drew pictures depicting substance abuse issues, submitted them to McDonald's, and received a free order of french fries. Entries were judged and 12 were selected for a calendar.

513. Developmental Dollars Program: Each year, APP provides approximately $25,000 to community-based organizations and service providers for youth services. Awards have been given for peer support projects, juvenile offenders programs, arts and crafts, youth employment opportunities, healthy lifestyle promotion, and other skill-building efforts.

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

Aurora Prevention Partnership (APP)

B15. Youth Newsletter: Youth subcommittee-produced newsletter on substance abuse issues and alternatives sent to 7,500 households in Aurora. Led to a weekly column in city paper, written by subcommittee members on issues of concern to youth.

AI. Community Picnic: Picnic to bring together partners, volunteers, youth, and families for substance-free celebration, for the premiere of APP prevention videos. Also a vehicle to get the community involved in prevention and increase community awareness of substance abuse issues. Included a public art project for the community.

A7. ***FreeNet:*** Metropolitan areawide computerized resource and referral network for service providers and the public. Provided information on the partnership and its activities, as well as resource and referral information to other substance-related and social services available in the community. Computers with FreeNet were placed at community centers and libraries.

Exhibit 7

There were no prominent preventions regulations or policies promoted in this partnership.

East/West Community Partnership
(October 1991 - October 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

A-1

1. The API population is the third largest in the city of Los Angeles and consists of recent and American-born Chinese, Filipinos, Japanese, Koreans, Samoans, Taiwanese, Tongans, and Vietnamese, among others. The partnership targets ethnically rather than geographically. However, most of the relevant target population resides in seven areas, which are therefore also the geographic target of the partnership: Monterey Park/Alhambra (Chinese/Vietnamese), Chinatown (Chinese/Vietnamese), Hawthorne/Lawndale (Vietnamese), Wilshire/Koreatown (Korean), Little Tokyo (Japanese), Echo Park/Silverlake (Filipino), and San Fernando Valley (mixed). (The last area was added in early 1994 as a result of the earthquake.) The total ethnic population is estimated to be about 825,000, but how many reside in the target areas was not ascertained.

2. The API population has limited English proficiency, and because the youths learn English faster than the older generation, their resulting leadership role causes intergenerational clashes. Because immigration often was associated with escaping from political oppression, the residents are hesitant to involve themselves in activities even remotely linked to politics. Finally, since service workers and social services were limited or nonexistent in the home countries, the residents' first instinct is to distrust such services.

3. Alcohol use is considered socially acceptable, although alcohol abuse is viewed as a source of shame and disgrace for the families. There is a great deal of denial within the API community that substance abuse is a problem, and there is a reluctance to seek outside help.

4. Related to the problems of substance abuse is the incidence of crime and gang activity. Also related are issues of neglected and unsupervised youths, some of whom have immigrated without any adult supervision.

B. Commercial Base:

1. Jobs for youths are limited. Other economic impacts include closures and cutbacks in the aerospace and defense industries as well as the relocation of garment business and sewing factories to Mexico.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. In early 1991, 13 agencies came together to examine the extent of substance abuse. The 13 involved the major alcohol and drug agency of the city as well as a variety of youth and community centers. The grantee organization was the Asian American Drug Abuse Program, Inc. Because the partnership was primarily organized by professional human services providers, it has struggled to become more sectorally representative and also more grassroots oriented.

4d=0

2. Struggling to move the partnership towards more grassroots representation, the partnership established a coordinating council in 1993-1994. The council has 19 members and consists of six committees. An executive committee, consisting of the chair, vice-chair, and committee chairs, is the decision-making body for the partnership. In 1995 and 1996, the partnership added representatives from

4c=0

each of the area task forces (ATFs—see ***Community Implementation Strategy,*** below) and other sectors such as law enforcement, education, and labor to the council. As a result of the ATF representation, interviewees indicated that, during the past year, the professional agency orientation had changed to a more grassroots orientation. Through this configuration, the partnership also now has more sharing and cohesiveness across the ATFs, and other members of the council serve as technical resources to the ATFs.

3. The partnership has had two levels of membership: participatory (about 113 members) and support/resource (about 150 members).

-4e

4. The partnership has suffered from significant turnover among its community organizers. Only one of the original community organizers is still involved with the partnership, and this person has assumed the position of project coordinator. The significant turnover may have impacted the degree to which community organizing progressed. Among the ATFs, in the two cases where there was little turnover in this position, greater outcomes were observed (Echo Park/Silverlake and Little Tokyo). In other areas with significant turnover, fewer outcomes were claimed.

B. Common Vision:

4b=0

1. The partnership's goals are to improve prevention planning and coordination by establishing grassroots, volunteer organizations, to improve baseline information, to empower indigenous members of the area task forces, and to expand the partnership to other ethnic groups within the target areas. Given its strong focus on advocacy issues, it is unlikely that the partnership will become heavily involved in direct service delivery.

2. To make the goals more concrete, the partnership collected surveys from the seven target areas, through door-to-door canvassing and distribution of questionnaires at community events (about 700 surveys were collected in the six smaller areas, and about 1,200 in San Fernando Valley). As a result of the needs assessment, the partnership developed its strategic plan, which was finalized in 1995.

C. Community Implementation Strategy:

5=0

1. The partnership's main strategy has been to organize and mobilize residents in each of the target areas, forming an area task force (ATF) in each. Each ATF is to develop its own issues with the greatest mobilization potential and its own community action plan. As of the last site visit, only two of the ATFs had a formalized organizational structure, with two others working toward that goal.

D. Coordination Function:

1. Through its advocacy model, the partnership has led to increased pressure on social services and public agencies to meet the needs of the API population.

2. The partnership teamed with a legal center, which was then able to expand its technical assistance and policy-related issues because the partnership assumed the center's community organizing activities.

E. Partnership as an Ongoing Organization:

-4f

1. Two of the ATFs have applied for state prevention funds and plan to apply for county funds under the new contract solicitation procedures. While these two organizations may survive, the continuation of the overall partnership is questionable. The partnership also has a chance to compete for the county's prevention funds, and the grantee organization is starting a prevention unit that is more neighborhood-based.

F. Rivals:

1. A number of API service providers operating in the city may be considered rival explanations for any claimed outcomes. However, the partnership's lead agency is one of the largest and is connected to these other service providers.

6

2. The partnership was not the only organization pressuring change in the county's prevention procurement process. Other CSAP partnerships also were involved, and the county itself took several initiatives to hold local forums.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a=0

1. The partnership has organized a large number of community forums to bring out the API community and educate it about policy issues that could impact it. The forums have occurred in the ATF areas as well as at the citywide level. Attendance has varied, ranging from 45 to 500, and the lengths of the forums also have varied from four hours to several days.

2. As another developmental initiative, a capacity building training program was implemented in the summer of 1995, to help with skill-building techniques for the new community organizers. The partnership implemented five workshops for the community organizers and the most advanced leaders in each of the ATFs. The overall dosage score for the community was 3,886, which is low for the size of the target population.

3. Among the major barriers facing the partnership were the fact that the API community had no means for collecting and reporting data specific to the group and no formal mechanisms for coordinating advocacy and community efforts.

B. Breadth and Depth of Prevention Policies:

3b

1. The partnership was involved in pressuring the county department to change its solicitation process and criteria for awarding contracts to provide prevention services. The new policy was adopted in November 1995, and the first RFP will be issued in July 1996 and October 1996 for $6.5 million in prevention funds.

2. In the summer of 1995, the partnership, along with other groups, identified a need for the development of a system of care for the API population on probation. As one result, the probation department is conducting an assessment of client data in an effort to collect more accurate data on the number and ethnicity of API clients.

2 (L)

Assessment of two exhibits.

SAFE 2000 Community Partnership
(October 1991 - September 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. El Paso borders New Mexico and Mexico, being known with the city of Juarez as the twin cities. El Paso is divided into eight districts with an estimated population of 545,000, of whom almost 70 percent are Hispanic. The city is the fifth poorest in the U.S., with about 25 percent of the families falling below the poverty line. Poverty is evident in whole sections of the city, such as neighborhoods characterized by low-income rental apartments, and where residents still struggle with basic community needs, such as lack of water and proper drainage, and unpaved roads. Also, the population is very young, with a mean age of 24 years, and it is estimated that about 1 in every 3 residents is younger than 18 years.

2. The population grows faster than the city can create jobs, with growth also including increased migration from Mexico that is likely to be underestimated in any census. Unemployment climbed to 12.1 percent in January 1996, the highest in two years.

3. El Paso continues to be the number one gateway for drugs from South America. In terms of alcohol use, Juarez offers cheaper alcohol and fewer restricted sales of alcohol to minors, minors may cross the border, and arrest rates for intoxicated behavior in El Paso are high compared to other U.S. communities.

4. The substance abuse problem is exacerbated by the proliferation of gangs in poor neighborhoods, with an estimated 4,300 organized gangs in the city overall, with an average age of 13-14 years of age.

5. Teens on the streets seem to be a problem in El Paso. The city enforces a teen curfew that limits those 17 or younger from public places after 11 p.m. In 1994, the number of teens arrested was at its peak, with nearly 60 percent arrested for violating the curfew.

B. Commercial Base:

1. Since 1994, about 2,500 manufacturing jobs have been lost, possibly related to NAFTA, and the city has lost 1,600 retail jobs. Other sectors have suffered, and the devaluation of the Mexican peso has reduced the buying power of Mexican citizens who shop in downtown El Paso.

2. At the same time, El Paso is looking forward to possible improvements because El Paso was one of the six urban empowerment zones designated for economic growth and job creation.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership evolved as a result of both a local drug summit (representing law enforcement and social and private agencies) and the establishment of a mayor's drug task force (mainly composed of private citizens, with service providers serving as ex-officio members) in 1990. Though originally no treatment providers were invited to be on the task force, they were later designated as ex-officio members. Both these efforts led to the formation of a steering committee, with adolescents and youth identified as the target population and an emphasis on coordinating services to minimize duplication. The mayor's office became the grantee agency for the partnership, even though the mayor at the time of the CSAP application was the driving force and failed to get re-elected. The new mayor continued to support the partnership, having the city contribute $25,000/year toward a mini-grant program.

2. The steering committee consists of 21 members who are heads of organizations from different community sectors and is chaired by an appointee of the mayor. It oversees a coordinating body, which in turn oversees eight neighborhood task forces. A representative of each task force serves on the coordinating body, and the chairperson of the coordinating body is a steering committee member. The coordinating body has representatives from the law enforcement, the school system, service providers, and community and grassroots members; it functions as an implementing body for the steering committee and has the authority to make decisions about proposals or suggestions presented by the task forces. The chair and vice-chair of the steering committee left in June and Sept. 1995, and while the chair was replaced, the vice-chair has remained vacant. The new chair has not expressed the same degree of commitment as his predecessor, also suggesting the loss of a direct line of communication with the mayor and the city's proactive support. The loss has diminished the partnership's hope for sustaining the partnership after its CSAP funding ends (see ***Partnership as an Ongoing Organization,*** below).

3. The project staff consists of a project administrator, secretary, data processing manager, four specialists (for business, parent, and youth involvement), and a field supervisor responsible for six district or community liaisons, who have served as community organizers. The original project administrator left in Sept. 1995, replaced by the then field supervisor, in turn replaced by one of the community liaisons, and the turnover does not appear to have been disruptive.

4e

4. Through its connection to city government, the partnership has gained knowledge about how to move an issue through the political system, even though the partnership suffers by the bureaucratic delays in hiring and replacing staff. The partnership's priorities do not always coincide with those of the mayor or of specific city councilpersons. However, it has worked with the councilpersons to identify positions that are mutually agreeable, providing the councilperson with the potential of gaining or retaining a large constituency.

5. There is no formal process for becoming a partnership member. Over 100 agencies and volunteers have been listed as members, but the partnership's main priority has been to maintain its membership while recruiting new members to be part of the neighborhood task forces.

4c

B. Common Vision:

1

1. The overall mission of the partnership is to "reduce substance abuse in El Paso to minimal levels through prevention, education, interdiction, and treatment." The structure of the partnership was designed to include three levels of citizen representation and participation: city leaders, grassroots members, and youths.

4b=0

C. Community Implementation Strategy:

5

1. The partnership has established neighborhood task forces in seven of the eight districts of the city. Each task force consists of 8 to 25 members, and four of the task forces have been especially strong, though others may not be able to sustain themselves.

2. Among the successful task forces, one was able to obtain $500,000 in city funds to restore a park, eliminating illegal drug activities and making it safer for children and families. Another was successful in getting a local nickname for the neighborhood into the city's media coverage and to be used by law enforcement officers, reflecting the successful beginning of changing the neighborhood's image.

D. Coordination Function:

1. Prior to the partnership, there was no coordination of prevention efforts in El Paso, and most funds went to treatment agencies. The partnership has helped to strengthen relationships with the police department, the schools, the university, and substance abuse organizations.

2. The partnership also has helped to organize disadvantaged segments of the population, to learn to interact with city departments and understand how neighborhood conditions foster and tolerate drugs.

3. Partnership staff also serve on boards of other organizations focusing on substance abuse prevention and act as information resources for similar efforts in the community.

4. Another outcome is the improvement in police relations with the different communities. Police-community relations have improved tremendously, and many police officers also have completed the partnership's parent-to-parent training. In addition, the improvement has been reinforced by the police chief's strong commitment to community policing. One official's comment was that "it makes a difference when the community makes you feel they want you, especially in those neighborhoods with bad reputations."

E. Partnership as an Ongoing Organization:

1. The partnership does not appear to be among the city's continuing priorities, and city officials have shown little support for attempts to sustain the partnership. The partnership has provided $5,000 to each of the task forces for their preparation toward becoming self-sustaining. Individual programs, such as the parent-to-parent training program also may receive support from other sources, such as other local agencies (the schools), the state budget, and corporations and foundations.

2. Among the task forces, 6 of the 8 have begun to raise funds to support their work beyond the life of the partnership. Each task force is making a transition plan and may apply for 501(c)(3) status. Alternatively, one of the task forces may serve as a 501(c)(3) umbrella organization for the other task forces.

F. Rivals:

1. Prior to SAFE 2000, substance abuse initiatives primarily emphasized treatment. During the years that SAFE 2000 has operated, one rival activity that started was midnight basketball, coordinated by the Junior League of El Paso and started in Sept. 1994. Players must attend workshops on teen issues, AIDS, drugs, and alcohol on every Saturday to be eligible to play. By 1996, police data revealed that crime had decreased 32 percent at the program site and 3 percent citywide due to the activity's effectiveness.

2. Another rival explanation derives from the Explorers, a program targeting youth from 14 to 20. Members are given a "look-alike" police uniform and participate in activities such as crowd control, parades, and a chance to ride with an officer.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The task forces carry out specific prevention activities, while the partnership emphasizes the organization and support of these activities as well as community training. The training, on community organizing, cultural diversity, and leadership, has been aimed at empowering and enabling grassroots to mobilize. The training aims at parents, youths, and the workplace, including the training of facilitators and of about 500 youths, ages 9 to 24. In addition, the partnership received a supplemental workplace grant to expand its efforts in promoting drugfree workplaces. The partnership community's overall dosage score was 206,713.

B. Breadth and Depth of Prevention Policies:

1. The partnership has not had much involvement with local policies and regulations, although it has promoted drugfree zones and workplaces, and it contributed to the demolition of several crack houses.

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

SAFE 2000 Community Partnership

A6.* Designated Driver Program Campaign: Awareness program. Sponsored appearance of the Neon Drunk Driver car, so that students and the general public could experience a simulated drunk driver's inability to drive while intoxicated.

B11. Showcase of Bands: Youth Concert. Alternative activity for youth which was alcohol-free.

B15. Hosted a Colombian Delegation: Hosted a delegation from Colombia to exchange ideas about drug prevention.

577. ***Great El Paso Family Picnic:*** Alcohol-free family activity.

522. ***Binational Project:*** Included activities promoting substance abuse prevention across the border.

B14. Community Walk: Provided an opportunity for teachers to get a closer look at the communities they work in.

573. ***Mini-grant Projects:*** Provided funding to sponsor community-based prevention efforts.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

SAFE 2000 Community Partnership
C9. * Promoted drug-free zones.
A4. Contributed to the demolition of several crack houses.
D12. Promoted a drug-free workplace.
A3. Promoted neighborhood clean-ups and graffiti removal.
A3. Funded neighborhood improvement projects.

*Numbers refer to classification scheme in the final cross-site report.

Community Coalition for Substance Abuse Prevention and Treatment
(October 1990 - September 1995)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. The partnership operates in the South Central portion of South Los Angeles, whose population was about 850,000 in 1996. Up to 30 percent of the city's African American population lives in this larger area, which is mostly African American but with a 20-50 percent Latino population.

c 2. The area has the highest number of drug-related arrests in the county, the highest rate of juveniles living in poverty, and the highest number of juvenile drug-related arrests and referrals. It has the highest rate of adult treatment admissions and IV drug admissions. By contrast, it has the lowest rate of treatment admissions of juveniles, an indicator of great need in light of the high arrest rate. The area has the highest rates of cocaine and heroin use in the county.

B. Physical Setting:

1. Portions of the community have become a dumping ground for medical waste, while auto paint shops in alleys, recycling centers in the neighborhood, and blighted housing have become breeding grounds for illicit behavior.

2. According to city planning data in 1993, more than 10 percent of multiple family dwelling units and more than 4 percent of single family dwelling units in South Central are vacant.

3. In 1990, 728 liquor licenses were within the 40-square-mile area of South Central, a rate more than ten times that of the rest of the county. A recent university-based study has documented the direct correlation between the number of alcohol outlets and the rate of violent crime. The study concluded that each liquor store contributed an average of 3.4 violent crimes a year.

C. Commercial Base:

1. The unemployment rate is claimed to be extremely high-47 percent-reflecting the local levels of unemployment and not the official federal statistics.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership grew out of a conference in 1989 that drew more than 250 attendees. The planners met afterwards to develop a mission statement, outline objectives and a plan, and form the partnership. The partnership's agency and organization members were established in the community and had a history of involvement in substance abuse.

4d

2. The partnership has a distinctive skill in dealing with the media. The partnership maintains a list of all activities and categorizes them by potential print opportunities. After a campaign is built, the partnership seeks media coverage for it and making sure not to let the reporter shape the story. On several occasions the partnership has been featured on network TV, as well as on respected public television programs.

4a

3. An especially unique feature of this partnership is its strong intergenerational focus. The concepts of eldership and role-modeling are employed as strategies for recruiting and building an ongoing volunteer base. Many of the elders served in the civil rights movement of the 1960s, and several of the partnership's strategies such as canvassing the community and participating in demonstrations are borrowed from that

era. Volunteer participation has steadily increased, to the extent that the partnership negotiated with the city for expanded office space in 1995.

4. The partnership's members represent government, health, law enforcement, youth and family services, universities, religion, and other key institutions based inside and outside South Los Angeles. Current membership has expanded to over 440 members. Individuals recruited for membership live in neighborhoods that are not organized into block clubs.

5. Serious attempts have been made to improve strained race relations with the Korean community, even though it is only one percent of the population, at most. Many liquor stores are owned by Koreans, who believe that their businesses were singled out for destruction by the African American and Latino communities.

6. The partnership has an informal organizational structure, with the main decision-making body being a board of directors. The partnership was reorganized in 1994 by promoting a staff member to be assistant director and addressing a previous lack of mid-level program supervision. Prior to this promotion, the executive director's responsibilities included organization development as well as day-to-day supervision of the program activities. The executive director has remained the same throughout the partnership's history. Partnership staff and members are active participants and organizers of many community efforts.

B. Common Vision:

1. At the outset, the partnership identified the overconcentration of liquor stores as the issue of highest priority to the community. The partnership began meeting with city agencies to improve the process of revoking liquor licenses.

2. One of the major goals of the partnership is to develop a community-wide "prevention system" by adopting and implementing an environmental approach to substance abuse problems.

C. Community Implementation Strategy:

1. The partnership employs a community-organizing model in which large segments of the community are targeted for motivation through a series of issues campaigns. The goal of each campaign is to provide opportunities for the community to "win," thereby realizing immediate and concrete improvements in residents' lives. The partnership believes the issues campaigns lead to increased community power and organization.

2. The partnership's evaluation team has helped to set partnership priorities by conducting multi-site, door-to-door surveys in several different neighborhoods. The surveys cover community awareness, community involvement, and comparisons of perceptions and standards in neighborhoods where the partnership was highly active with those in which little community mobilization had been attempted.

3. The partnership has formed a permanent watchdog organization called Neighborhoods Fighting Back, as one of its main prevention activities. Currently, 59 neighborhoods with geographically specific boundaries are active within the partnership target area.

D. Coordination Function:

1. The partnership's activities have proved to be a catalyst in bringing about policy changes within the local alcohol regulatory agency. The problems surrounding alcohol outlets have become a statewide issue, due in part to the partnership's work, and several bills are pending before the legislature.

2. The partnership's efforts also have affected the future distribution of substance abuse services dollars within Los Angeles County, as the county's department of health services' alcohol and drug program administration (ADPA) and other key agencies conducted a community prevention summit in 1995. In 1996, ADPA issued a new RFP that redistributed service dollars to the changed priorities.

E. Partnership as an Ongoing Organization:

1. In 1994, the partnership received its 501(c)(3) status, and responsibility for the CSAP grant shifted from the University of Southern California to the new nonprofit organization. In 1995, the partnership applied successfully for a CSAP coalition grant.

2. The executive director has devoted a considerable amount of time in identifying other resources. For example, the city has invested $450,000 in rehabilitating a city-owned building for partnership use. The new RFP process by ADPA identifies community planning and empowerment as a companion of prevention services and places the partnership in a fairly competitive position to compete for the new contracts. (The partnership also would be competing, for the first time, with a number of its member organizations for the same funds.)

3. During the partnership's life it has provided technical assistance to a number of organizations and agencies, and one of the partnership's goals is to develop a fee schedule so it can market its services.

F. Rivals:

6=0

1. In 1993, the Los Angeles Police Department added 300 new police to the department in an attempt to make the community safe through community policing. The number of African American sworn personnel has reportedly increased, and to this extent laid the groundwork for increased trust between the citizenry and the police.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The prevention activities are organized around a neighborhood component, a social services component, and a youth component.

2. The partnership's initial focus on removing existing alcohol outlets changed after the 1992 earthquake that resulted in the destruction of 200 of these outlets. The partnership then focused on altering the re-licensing and rebuilding process (see ***policies,*** below).

3. The 1994 Northridge earthquake allowed the partnership to organize the community to access available resources such as FEMA funds and to focus further on community planning.

4. The neighborhood component, Neighborhoods Fighting Back, initially targeted the elimination of crack houses. One early win was achieved by researching the property ownership of an abandoned house that had been used in cocaine trafficking and consumption, and forcing the mortgage company to clean the property and board the house.

3a

5. The youth activities are aimed at providing a voice for youths in defining community norms and target high school-aged youths, training them to become community volunteers and organizers and to conduct activities mirroring the campaigns conducted by the adult population.

6. The community's overall dosage score was 8,058.

B. Breadth and Depth of Prevention Policies:

1. The partnership fought successfully, through state appellate court, for stronger local laws controlling the rebuilding of liquor stores. South Central now has 150 fewer liquor stores, some of which have been replaced by laundromats, supermarkets, office buildings, and shoe stores. Fifty-six other liquor stores approved for rebuilding were required to have security guards, improved lighting, and other conditions to control nuisance and crime activity.

3b

2, Among the youth activities, the teens convinced a city council representative to propose a new ordinance to levy financial penalties on those selling tobacco to underage youths. Enforcement of the law thereby increased. The youths also launched a petition drive and publicly protested (unsuccessfully) inclusion of youth convictions in the proposed "Three strikes you're out" law.

2(M) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Community Coalition for Substance Abuse Prevention and Treatment
B11.* Youth ***Activities:*** Conducted through the work of South Central Youth Empowered through Action (SC-YEA). Activities mirror campaigns conducted by the adult population. Youth are trained to become community volunteers and organizers. **518.** ***The Campaign to Rebuild South Central Without Liquor Stores (Rebuild):*** Designed to mobilize the community around issues that threatened its environmental safety. Community-organizing strategies were employed by residents to highlight problems and influence policy and decisionmaking around those problem issues. 578. ***Neighborhoods fighting Back:*** An outcome of the Rebuild Campaign. This activity seeks to institutionalize lessons learned, and create a permanent watchdog entity within the community.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED BY THE PARTNERSHIP

Community Coalition for Substance Abuse Prevention and Treatment
A1.* Expanded the authority of the Department of Alcohol and Beverage Control (ABC) to include the ability to enforce and impose restrictions on retail licenses. A3. Initiated restrictions on the placement of alcohol and tobacco banners near public schools. A4. Influenced the cleanup and boarding of dilapidated houses and motels. ***E15.*** Effectively used community ordinances to restrict the conditions under which liquor stores could rebuild. ***E16.*** Influenced enforcement of penalties related to sales of alcohol and tobacco to underage youth.

*Numbers refer to classification scheme in the final cross-site report.

Doña Ana County Partners for Prevention
(1991 - October 1993)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Doria Ana county is in the far south of New Mexico, bordering Texas and Mexico. It is a large rural county stretching nearly 4,000 square miles, with about 80,000 of its 135,500 inhabitants living in Las Cruces, the county seat. Las Cruces is about 50 miles from the major metropolitan areas of El Paso, Texas, and Juarez, Mexico. New Mexico State University is located in Las Cruces.

2. The county is the third fastest growing in New Mexico, having experienced a 40 percent increase between 1980 and 1990, attributable both to a high birth rate and high immigration. Approximately 27 percent of the population is below the poverty level, and at 7.4 percent in 1991, the unemployment rate was above the national level.

3. Alcohol is the major drug of abuse, with problems including drunk driving, spousal abuse, and underage drinking. New Mexico leads the nation in alcohol-related death and diseases. With approximately 20 percent of the population between the ages of 14 and 30, including the college population of New Mexico State University, there is a considerable at-risk group. Church fiestas are held almost every weekend during parts of the year and involve alcohol. Drinking is part of the Hispanic culture, possibly a "rite of passage."

4. Illicit drug use also is pervasive. Incidents have been reported at the kindergarten level, where children brought joints to school that they took from their parents.

B. Political Conditions in the Community:

1. Mexico has a legal drinking age of 18; before 1991, drinking was permitted at any age. Frequent travel into Mexico for access to alcohol puts the area at increased risk for driving while intoxicated (DWI) offenses, accidents, injury, and death.

2. Since the county lies adjacent to Mexico and is split by an interstate highway running north out of El Paso/Juarez, it is a natural site for drug smuggling. Much of the trafficking moves through the county to the rest of the United States.

D. Commercial Base:

1. A major contributing factor to the poor economic situation in the county is the lack of long-term job opportunities. The major employers are the school district, New Mexico State University, a military base, and other city and county government agencies. The major private employer is Hanes, a manufacturer of underwear and pantyhose. Migrant workers, generally poorly paid, constitute an important part of the workforce.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The partnership originated through an effort to correct a shortfall in the county's indigent hospital claims fund. Analysis by a consulting firm showed that the fund supported many people using the emergency room as a form of general drug treatment, resulting in unnecessarily high expenses. The result **was a recommendation that an effective prevention program would likely reduce costs, which resulted in**

the consulting firm helping the county to apply for the CSAP award, and the head of the firm became the partnership's first project director. The grant was only for four years and ended in 1994.

2. As a result of the grant, the county eventually established a new department of health planning, within which the partnership operated. The county commission became the lead agency, and one of the county commissioners became the chair of the partnership's steering committee. Membership in the steering committee included influential members (heads of major agencies and organizations) but was unlimited, which inhibited its ability to make cohesive and prompt decisions, nor was there ever a board of directors. Only in 1994 was the partnership reorganized and a smaller executive committee created. At that time, the partnership also became integrated with a county DWI effort supported by state funds and led by a new DWI Council.

3. The partnership never developed a vision statement or by-laws. Operating procedures were established but never written down, and individual responsibilities were unclear and left to be defined by each individual. A number of other committees were created under the steering committee, but their efforts were never merged into a more general structure, making it difficult for other members or outsiders interested in the partnership's work to identify where and how they could fit in and contribute to the partnership's work.

4. Independent of each other, several interviewees outside the partnership referred to it as a closed shop, part of an exclusive section of the county's old boys' network. Grassroots organizations were never part of the partnership, and business and civic organizations, while participating and supporting partnership activities, did not become partnership members. The partnership focused on Las Cruces, but high-risk target groups, such as the public housing and immigrant populations, were reached only once or twice. The partnership claimed 150 members during its height, although the local evaluator could only identity a maximum of 30 members. The partnership ceased recruiting new members by its last year (1994), and by then the number of active members appeared to have decreased to five to seven members, according to interviewees.

5. As a part of county government, the partnership was discouraged from pursuing efforts to establish itself as a separate nonprofit organization. Also, as a part of a traditional county government whose entities vie for money and turf, the partnership could not pursue the position of becoming an umbrella agency that would coordinate prevention efforts. If the initial startup period of the partnership too well into early 1992, and project activities were limited during the last six months of 1994, the partnership's active work only took place during a year-and-a-half period of time.

6. The partnership's staff included a project director and three others. When the first project director left in 1992, one of the other three became the new project director. By the final year, there was only a project director and a secretary.

B. Common Vision:

1. The partnership followed a prevention plan developed in 1992 that established four partnership goals: creating public awareness, creating awareness of substance abuse and birth outcomes, empowering communities, and educating the community about available prevention and treatment services. The prevention of alcohol abuse was the primary focus.

C. Community Implementation Strategy:

1. The major means for addressing substance abuse was through the use of development monies awarded to local groups, organizations, and agencies, to implement prevention activities. The partnership considered this mechanism to be the main way of achieving its community empowerment goal, and the program did become a popular program. The funds were awarded through a competitive process, with up to $2,500 for a single organization and up to $5,000 for collaborative ventures.

2. The project director estimated that about one-fourth of all projects eventually became self-sufficient.

D. Coordination Function:

1. The partnership's collaboration with the DWI initiative was considered a form of coordination.
2. The partnership was able to work closely with some school districts but not others.

E. Partnership as an Ongoing Organization:

3a

1. The partnership was instrumental in securing $330,000 in state funding for the DWI initiative in 1994. Later, the newly formed DWI council also secured $900,000 in state funds for a DWI jail.

-4f

2. By design, the partnership ended in 1994. A larger coalition has assumed the work of the partnership, attempting to build a tri-county prevention network and structuring itself more effectively based on the experiences of the partnership, including development of a vision statement and by-laws. This coalition was the result of a successful application to CSAP's new coalitions program.

F. Rivals:

6

1. The public housing authority undertook prevention initiatives starting with a HUD grant in 1990, focusing strongly on youths who were school dropouts and leading to reductions in the dropout rate, successes in college admissions, and elimination of youth arrests that had previously occurred with some frequency. A number of other organizations and institutions have been active in prevention efforts that predated the establishment of the partnership.

2. Major policy changes, including DWI roadside checks and arrests, the introduction of teen courts, a keg registration program, and a non-smoking ordinance for restaurants, also have been implemented without direct partnership involvement.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

1. The partnership supported a number of incentive activities, one of which, Harvest Festival, became highly popular as an annual event and eventually drew support for continued funding beyond the life of the partnership. In addition to these incentive activities, the developmental monies program was the main other prevention initiative. The monies supported a number of conferences and awareness-raising activities, including the targeting of EAP programs in the workplace. The partnership community's prevention activities received an overall dosage score of 20,200.

B. Breadth and Depth of Prevention Policies:

-3b

1. There is no evidence that the partnership aimed at or engaged in making any policy changes.

2(L) Assessment of exhibit.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Partners for Prevention (PfP)

B13.* Developmental Monies Grants: Mini-grants awarded to local groups, organizations, and agencies to implement substance abuse prevention activities. Collaboration and coordination between organizations was encouraged.

B14. Alcohol-related Birth Outcomes Initiative: Funds were secured from the New Mexico Department of Health to increase awareness of the effects of alcohol and other drugs on pre/perinatal birth outcomes.

B14. Drugs in the Workplace Initiative: Collaboration between partnership and community committee to organize conference on increasing awareness of legal and other effects of alcohol and drug abuse in the workplace.

La Conferencia de /as Familias Hispanas: Two conferences for Hispanic families on substance abuse issues, particularly spousal drinking and its impact on family members, were enabled through Developmental Monies Grants. The conferences were instrumental in encouraging the local 4-H chapter to include substance abuse prevention activities in its education program.

Drug Abuse in the Workplace Conference: Conference on alcohol and drug abuse in the workplace emphasized presentations on presence and types of drugs in the workplace, increased need for Employee Assistance Programs (EAPs), and costs of substance abuse to firms.

Substance Abuse and Pregnancy Brochures and Questionnaire: Funding secured from New Mexico Department of Health to aid development of brochures to be handed out at prenatal classes and programs. The department provided additional funds toward the creation and distribution of a questionnaire on the extent of alcohol abuse among pregnant women in the county.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

There were no prominent preventions regulations or policies promoted in this partnership.

Arecibo Community Partnership

(October 1991 - June 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Arecibo has a population of about 93,000 and is located 50 miles west of San Juan. Half of the population has an annual income below the poverty level, and the current unemployment rate is 17.6 percent. The partnership targets the entire city, including all seven of its public housing projects (it is estimated that about one-half of the population lives in these projects). The six projects are adjacent to each other, less than two miles apart.

2. Alcohol is the abuse drug of choice on the island, which has an abundance of liquor stores and bars. A total of 613 alcohol licenses were approved in Arecibo last year, representing 1 license for every 150 residents. Bars and liquor stores can operate anywhere without zoning restrictions, including being located near schools and beginning operations after 3:00 p.m. Liquor and beer are sold in the supermarkets and restaurants as well. Interviewees stated that while the legal age for alcohol consumption is 18, the law is seldom enforced.

3. Arrests for drug possession have been on the rise for the past three years. Marijuana is the second most frequently used drug, after alcohol, and the police seized a total of 8.6 million pounds of marijuana in 1991. The present governor has taken a strong stance on crime and drugs, with the police and National Guard undertaking drug-busting initiatives in the housing projects, to control crime and drugs.

B. Commercial Base:

D

1. Arecibo lacks industries that can promote community development and decrease the high unemployment rate. The production and sale of alcohol is a major industry in Puerto Rico. Three major beers are produced on the island in addition to several rums, wines, and distilled spirits, and the industry generates large profits and revenue from the sales tax. The alcohol industry spends millions of dollars on advertisements, and Puerto Rican pubs are becoming very popular, especially among the younger generation. The industry also sponsors and finances most community events, including carnivals, beach festivals, sports tournaments, cultural events, and art shows.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

4a

1. Twelve partners committed to be part of the original partnership. Most of these organizations were representatives of municipal agencies, and the city's department of social services appears to be the grantee and lead agency. However, other founding groups also included church, Head Start, and tenant organizations. The partnership began by targeting the six housing projects and their neighboring areas; however, by 1995 the prevention activities were aimed at the entire city as well as the seventh housing project.

4c

2. The original applicants maintained a roster of 35 member agencies, about half of which were municipal departments. This membership gradually increased to 72 members, including 47 organizations representatives and 25 citizens at the community level. At least two members are grassroots members, added on the recommendation of CSAP. A greater involvement of faith leaders and private organizations was achieved in 19951996.

3. The partnership consists of a 12-member board of directors, led by a chairperson who is well known in the community and works for one of the newest community colleges in Arecibo. The board has been stable, and the partnership operates with a clear delineation of roles and responsibilities. Board members have hardly missed meetings, although they do not actively participate in the planning of activities. Other than the board, there is the coalition and the staff and several action committees.

4. The partnership has a highly committed and qualified staff, organized around the partnership's main objectives involving education, publication and information, volunteer action, and activities, and little turnover has occurred among the staff. The first project director left in Dec. 1994 to direct the coalition of coalitions program (funded by CSAP), and the change did not affect the partnership's leadership or continuity. Volunteers are an important component of the partnership, and recruitment of volunteers to serve on the action committees is an ongoing effort.

B. Common Vision:

1. A major activity was the Arecibo community needs assessment, conducted in two phases in March 1993 and February 1994. From this assessment the partnership has developed a comprehensive plan tailored to each subgroup in the community: general community, university, industry, faith community, civic organizations, media, public housing projects, governmental agencies, K-6 students, and grade 7-12 students. The overall plan calls for training leadership, developing specific activities, and promoting collaboration within each subgroup.

2. Overall, the partnership has been able to emphasize community and neighborhood enhancement, against the government's more traditional backdrop of modernization and the development of industries.

C. Community Implementation Strategy:

1. All housing projects have tenants' organizations that were organized several years ago, and the partnership has established working relationships with all of them. In addition, an important outcome from the partnership's efforts has been the development of functional residents' councils in the housing projects. These groups existed before but were not functional, and they now have institutionalized by-laws and started activities.

D. Coordination Function:

1. At the community level, the partnership worked cooperatively with over 43 agencies to implement and integrate participation in prevention. Equally significant has been the partnership's association with the local universities, whose students provide role models in working with the housing projects.

E. Partnership as an Ongoing Organization:

1. The partnership has not made any plans for its status after funding ends. The municipal representative submitted two proposals to continue the partnership's work, but neither has been approved. Limiting the funding prospects is the lack of philanthropic sources.

2. The present board will continue as the board for the new coalition of coalitions grant, However, the prospects for the partnership are unclear.

F. Rivals:

1. The community has ongoing prevention services not operated by the partnership, including DARE programs, services provided by the city's mental health and substance abuse administration, and drug busting operations supported by the governor and carried out by the police and National Guard. The police also have been giving greater attention to the enforcement of DWI policies.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

-3a 1. The partnership has sponsored alternative activities for the residents of the housing projects, leadership and training initiatives for parents and teachers, and training for other service providers. In addition to a variety of incentive activities, the partnership also initiated meetings with local industry leaders to discuss the merits of EAP programs. The overall dosage score for the community was 35,956.

B. Breadth and Depth of Prevention Policies:

3b=0 1. The partnership has only been involved in one policy-oriented initiative-working with the local universities to prohibit alcohol use during social events.

2(M) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Arecibo Community Partnership (ACP)

B14.* Student Conferences: A series of student conferences were conducted during 1994 and 1995 were attended by 609 students. The purpose of these conferences was to educate with respect to substance abuse issues.

B14. Special Needs Conferences: The partnership hosted conferences for approximately 100 hearing-impaired students. The purpose was education with respect to substance abuse issues.

A6. Prevention Training: The partnership offered training on substance abuse prevention to 396 parents and 385 teachers in a communitywide effort.

B15. **Theatrical** ***Production:*** In collaboration with local universities, the partnership produced a drama depicting the real-life ramifications of substance abuse and HIV. The target audience for this production was college students.

B10. Alternative Activities for Residents of Housing Projects: The partnership has sponsored a number of activities at housing projects designed to illustrate that people can have fun and interesting activities without substance abuse. These activities include sports tournaments, surfing, arts, crafts, talent shows, and day trips for both youth and parents.

A6. Police Exhibition: The local police staged an exhibition of crime-fighting techniques and equipment to increase awareness of substance abuse issues. Thousands of people attended and more were reached through radio and television coverage.

B14. Training Sessions: The partnership has conducted a number of training sessions for various groups including students, teachers, parents, social workers, coalition members, and community organizations. The partnership developed its own training materials for these sessions which are held weekly, and thus far have reached approximately 1,000 people.

A2. Hispanic/Latino Leadership Institute Conference: The purpose of this conference was to promote cultural pride and explore aspects of the culture that may help to promote substance abuse prevention. Approximately 30 persons from partnership staff, partnership members, housing authorities, and other community members were in attendance.

B15. Follow-up Survey: In 1996, the partnership conducted a second follow-up survey of attitudes and behaviors with respect to substance abuse. The results indicate that remarkable changes have occurred in the community,

(Continued on next page)

*Numbers refer to classifkation scheme in the final cross-site report.

Exhibit 6 (Continued)

Arecibo Community Partnership (ACP)
A4. Distribution of ***Educational*** Materials: During community activities, the partnership has distributed brochures and informational materials regarding substance abuse. A6. ***Open House:*** To improve its visibility in the community, the partnership held an open house. This activity was attended by 160 individuals representing organizations as well as private citizens. ***B16. Radio Talk Shows:*** Partnership staff participated in radio talk shows in further efforts to spread the word about substance abuse dangers and prevention methods. A8. ***Newspaper Column:*** The partnership writes a monthly column for the local newspaper on the partnership's activities and spreads the message about the dangers of substance abuse.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED BY THE PARTNERSHIP

Arecibo Community Partnership (ACP)
D13.* **Employee *Assistance Programs (EAPs)*:** The partnership has initiated meetings with local industry leaders to discuss the merits of employee assistance programs. They are currently conducting a needs assessment for EAPs in local businesses. ***D14. Partnership promoted alcohol-free university and community activities:*** Several of the local universities followed the partnership in initiating policies prohibiting alcohol use during social events. The partnership has been a strong force in initiating attitude changes related to alcohol. However, some rival influence on drinking decisions may be attributed to the government campaigns on TV Si *bebes* no *guies, si guias no bebas.* This decline could be attributed also to better police enforcement of DWI policies.

*Numbers refer to classification scheme in the final cross-site report.

McCurtain County Community Coalition Partnership
(June 1991 - May 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. Rural community with population of about 36,000, 15 percent Native American and 10 percent African American. Median family income is about $20,000, with about $29,000 for the entire state; 30 percent of the residents are under the poverty line. County is economically depressed and has been strongly affected by the decline in agriculture. Rated third in the state according to measures of "severely distressed areas" (high poverty, high number of female-headed households, high rate of unemployment, and large number of residents on public assistance).

2. Striking demographic feature is the sharp increase in children as a percentage of the total population. Children are about 30 percent of the population, compared to 27 percent for the state as a whole.

3. Alcohol perceived as the main substance abuse problem. Acceptance of alcohol consumption by underage youth is of serious concern. Beer is considered a nonalcoholic beverage in Oklahoma because its level of alcohol is only 3.2 percent by volume.

4. Marijuana is the most widely used illicit drug.

5. Interviewees report that almost everyone in southeastern Oklahoma carries a gun, which can augment substance abuse problems. County had firearm death rate 147 percent higher than that of the entire state, with most of deaths associated with alcohol consumption.

6. Increase in crack use and drug trafficking believed to be connected to gangs from Oklahoma City and Dallas.

B. Commercial Base:

D

1. County is part of a region that grows and sells high-quality marijuana containing the second highest THC content in the U.S. One interviewee estimated that $100 million in revenue is derived from the export of marijuana annually. Growing marijuana has replaced bootlegging; most growers plant their crops in national forests, with fewer than 100 plants in any given plot to avoid federal penalties and confiscation of their own personal property.

2. Increasing concern about growing number of underground methamphetamine laboratories across the county, which serve the crack cocaine and heroin markets.

2. Partnership-Building and Partnership-Maintaining Strategies

A. Strength and Breadth of Partnership:

4a

1. Prevention council predated formation of the partnership. Members were acquainted with each other, shared a work history, and had procedures, programs, and staff in place when the partnership began. Many of the current programs and activities were in place or ready for implementation when the partnership was funded.

2. Partnership organization (county school system) was well known in the community.

3. During its second year, the partnership expanded beyond schools and into community empowerment, implementing a "quality community" concept. At the same time, the partnership shifted

from a strongly staff-directed to a more member-directed organization, with the staff now functioning in a supporting than directing role-e.g., members rather than staff often are selected to attend CSAP training.

4d

4. Toward the middle of the grant period, the partnership underwent substantial organizational development. One of the most important later developments was the creation of a more formal structure, through formation of committees and adoption of by-laws.

4e

5. Consistent staff leadership and low turnover.

4c=0

6. There still appears to be little Native American involvement in the partnership, although there is a Native American committee and the executive director is a member of a Native American tribe. It was reported that the Native American population likes to do its own substance abuse prevention activities apart from the partnership; the county is located in the heart of the Choctaw Nation.

B. Common Vision:

4b

1=0

1. The first task of the partnership was to develop a shared vision among the members and the community in general. The partnership formally adopted a five-year strategic prevention plan that had the same community goals as the grantee agency's 30-year plan: to instill in children and youth the belief that they can choose a substance-free lifestyle from the beginning. The accomplishment of this goal requires working through several generations.

2. The partnership's focus has strongly emphasize school-based and school-targeted programs.

3. The strategic plan also incorporates the quality community concept, which spawned the Koalaty Kids initiative (includes emphasis on safe streets and crime reduction).

C. Community Implementation Strategy:

-5

1. Community received Empowerment Zone grant in December 1994. One respondent attributed the grant award to the partnership, due to the partnership pulling people together and getting them excited about the grant application. The community also applied for a new EC enhancement grant in Dec. 1995.

2. The partnership delegated activities to members, creating a sense of ownership. The partnership directed credit for its accomplishments to all involved agencies and organizations and fostered the norm that the power should come from within the community-a norm commended by CSAP.

D. Coordination Function:

1. The partnership is known in the community as the organization that brought networking to the county. Respondents characterized the networking as nonexistent before the partnership began bringing people together. People from different agencies rarely talked to each other, and turf problems were rampant. The partnership is the only organization in the county doing prevention and networking.

3a

E. Partnership as an Ongoing Organization:

1. The partnership applied for a new coalition grant but did not get it.

4f=0

2. Interviewees reported that this is the first grant whose future after the end of funding has been discussed. Many of the partnership activities are expected to be adopted by the participating agencies or to become self-supporting. The grantee agency, which has demonstrated its dedication to substance abuse prevention and community development, will probably secure funds to continue its efforts.

F. Rivals:

-6

1. Few or no rival organizations in the county can be considered rivals of the partnership.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. The partnership supports a large number and wide variety of prevention activities, ranging from incentive activities to media and networking initiatives to school-based targeting of youths and service providers, and to empowerment zone activities such as crime watch. The overall dosage score for the community was 34,421, which seems high relative to the size of the county's population.

2. Partnership received a workplace supplement from CSAP and has tried to implement EAP and drug-free workplace policies in 30 local businesses. Practices include drug testing.

B. Breadth and Depth of Prevention Policies:

3b

1. In 1992, the partnership collected signatures of county residents to initiate state legislation to restrict alcohol sales to minors; this legislation was voted into law.

2. In 1993, the partnership supported an increase in the county sales tax to build a new jail and hire more staff for the sheriff. (Such support also improved the collaborative relationship between the partnership and the law enforcement agencies.)

3. In August 1995, the partnership led a community clean-up effort which culminated in the passage of a local tariff to fund placement of trash disposal boxes throughout the county.

4. One of the partnership's most significant policy initiatives has been its drug-free workplace program.

2(H)

Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

McCurtain County Community Coalition Partnership

A6.* **Qualify Community Concept:** Long-range prevention initiative to expand the focus beyond the schools to the larger community. This activity is ongoing, and has already spawned other programs with outside funding sources.

B16. Workplace, Substance Abuse Prevention: Planning, development, training implementation, and follow-up activities in more than 30 local businesses for the purpose of developing drug-free workplace policies. Drug testing is performed for a fee, but technical assistance is provided free of charge.

B11. Drug-free Clubs and Lock-Ins: Recreational activities for junior and senior high school students in drug-free environments. In 1995, 50 clubs from 35 schools participated in the program.

A6. Resource Rallies: Service agency fairs held for the professional and educational communities for the purpose of providing substance abuse prevention education. This activity is ongoing with four rallies held in 1995.

A2. Institute for *African-American* ***Mobilization:*** Workshops and training in the identification and resolution of problems in the African American community. Pride in the history and culture of the African American community is stressed in monthly meetings (90 people trained to date).

B17. Empowerment Zone/Enterprise Community Grant: Grants for a variety of community programs including crime watches and substance abuse prevention in low-income areas. Of the total grant award, $150,000 was directed towards substance abuse prevention and awareness.

B14. Teen/he and Hotline Training: Hotline for information and counseling regarding substance abuse, gang involvement, or sex involvement. Twenty persons have been trained to man the line which receives approximately ten calls per week from area youth and parents.

C24. ***Coalition and Community Training:*** Workshops for coalition and community members on Quality Community, New Focus, DCP, Yes Update, grant writing, and Marketing Your School. Ongoing efforts to address the needs identified at the previous year's retreat,

(Continued on next page)

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 6 (Continued)

McCurtain County Community Coalition Partnership

C42. Annual Retreat: Professional Growth/Leadership Retreat established to provide training and unity for partnership members. Topics include community development and social change, fundraising and long-term funding, problem solving, and cross-cultural awareness.

C23.* Partnership Meetings: Quarterly meetings to discuss goals and operation of the partnership. All 18 county target groups and the outside evaluator attend.

C23. Committees: Partnership has seven committees that meet on a regular basis. These committees are addressed to the following activities: Resource Rally, Marketing, Crisis Hotline, Alternative Schools, Housing, Business/Industry, and Youth Advisory Board.

C23. ***Networking:*** Partnership members attend meetings of the McCurtain County Public Resources Association for the purpose of sharing information on community activities and maintaining contacts with other organizations within the community. This activity is ongoing throughout the year.

B9. Life Ski//s Education: Sessions deal with refusal skills training, self-esteem enhancement, self-assertiveness, decisionmaking, and other related topics. Conducted monthly by co-op staff members in McCurtain County's 15 school districts.

B14. School Health Professionals Training: Training in substance abuse prevention for counselors, school psychologists, nurses, and social workers involved with McCurtain County students. Two training projects were conducted with multiple sessions in each training.

Al. Red Ribbon Parade Participation: Annual parade with youth groups from each of the 15 school districts, floats, cars, bands, etc. Over 1,500 anti-substance abuse buttons and T-shirts sold.

B16. Television Program: Weekly television program with focus on prevention activities and service providers countywide. Program was cut back, but the campaign continues with newspaper ads and a newsletter.

B9. Youth Advisory Council: Youth council planned for junior and senior high students in each of the 15 school districts, The purpose is to identify areas of concern, areas of need, and effective preventions for pre-teens and adolescents.

B18. County Clean-ups: Countywide effort to clean-up communities. The purpose was to improve self-image.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

McCurtain **County Community Coalition Partnership**
A3.* In August 1995, the partnership successfully led a community clean-up effort that spread countywide and culminated in the passage of a local tariff to fund placement of green trash disposal boxes throughout the county. McCurtain County received statewide recognition from Oklahoma's governor for successfully implementing the only countywide clean-up effort in the state. ***B8.*** In 1993, the partnership supported an increase in the county sales tax in order to build a new jail and hire more sheriffs personnel. ***D12.*** Formation of the partnership forged formalization of its grantee's substance abuse prevention policy. The grantee instituted drug-free workplace policies in October 1992, which were written by the partnership's substance abuse/employee assistance program (EAP) specialist for the organization. ***D13.*** Since 1994, when the drug-free workplace supplemental grant was received, the partnership's substance abuse/EAP specialist facilitated development and implementation of EAP and drug-free workplace policies for over 30 local businesses. ***E16.*** In 1992, partnership collected signatures of county residents to initiate state legislation to restrict alcohol sales to minors. Convenience stores are fined around $250 for selling to minors, while liquor stores are fined $50,000 for each violation.

*Numbers refer to classification scheme in the final cross-site report.

Tri-County Substance Abuse Prevention Alliance
(September 1991 - July 1996)

1. Community Conditions

A. Social and Drug Conditions in Community:

1. The Tri-County area of Knox, Laurel, and Whitley Counties had a 1995 population of about 107,000 and is 50 miles south of Lexington. Each county includes one central community (a fourth intersects all three counties), the largest of which has about 8,500 people. Most residents live in rural, often remote areas of the foothills (of the Cumberland mountains). Racial minorities are less than two percent of the population.

2. Historically, southeastern Kentucky has been characterized by extreme poverty, offset for a while by the coal mining industry. Despite the erosion of mining and tobacco economies, inhabitants are reluctant to leave the area to find jobs, and the Appalachian society is viewed as one that values isolation, self-reliance, and providing for the family over compliance with laws.

3. There is an historical tolerance for alcohol and tobacco use, especially smokeless tobacco among teenagers. Recent attempts to reduce the DUI levels from .10 to .08 failed in the Kentucky state legislature.

B. Political Conditions in the Community:

1. The target counties are "dry" counties. A recent vote to decide whether to legalize alcohol sales in Laurel was defeated by a margin of about two to one but some in the community felt that the vote reflected concerns about the use of alcohol while others suggested that the vote reflected the efforts of bootleggers to defeat the measure in order to prevent further competition.

C. Commercial Base:

1. The family's ability to support itself is valued even if that support comes from bootlegging alcohol or cultivating marijuana. The marijuana trade is viewed as having a strong positive effect on the local economy and is not abused locally. Prior to the production of marijuana, the region was known for its moonshiners.

2. Successful eradication efforts have reduced marijuana production, and Kentucky growers have subsequently resorted to importing Mexican marijuana to sell through their distribution network. Substantial law enforcement efforts continue. One recent sweep resulted in grand jury indictments of 49 persons in Knox County alone, along with numerous arrests and indictments in Laurel and Whitley and throughout Kentucky.

2. Partnership-Building and Partnership Maintaining Strategies

A. Strength and Breadth of Partnership:

1. The Kentucky Communities Economic Opportunities Council (KCEOC) is a 501(c)(3) that helped bring together emerging interests in substance abuse prevention in the region to apply for the CSAP grant and then to become the lead agency. The close association between the partnership and KCEOC may confuse those outside the social services community as the partnership appears to be an activity of this organization. For instance, there are no signs indicating the location of the partnership, which is housed

-4d within KCEOC, and a substance abuse survey report only has a cover that references any association to the partnership, whereas the cover page and all other parts of the report do not.

2. The partnership chair has most often been credited with leadership for the partnership, with staff providing significant support. The chair is the executive director of the Regional Prevention Center (RPC), which provides prevention services as one of 14 such centers in the state (the service area consists of five counties in addition to Tri-County). RPC was well established in the community prior to the formation of the partnership.

-4c 3. The partnership has about 30 members and has remained the same size as new members have joined but old ones have left. These members are largely social service professionals, with a core group of ten to twelve members being active. Whether the partnership speaks for the community is not supported by factual evidence. Although the partnership is credited with having been a mobilizing force among social service agents, there has been far less success in engaging the interests of the business, faith, or grassroots community groups.

4. A policy committee continues to serve as a steering committee in lieu of a formal board and makes award decisions on developmental support funds. The committee also decides when a strategic planning session is needed. The partnership has four additional committees focusing on specific issues.

4e 5. The partnership was originally staffed by a project director, a resource coordinator, and evaluation specialist, and three prevention organizers (one for each county). A position of drugfree workplace coordinator was added in July 1994 (with the receipt of a workplace supplement grant from CSAP). Turnover in the resource coordinator position has occurred twice, but the project director has been the same.

B. Common Vision:

-1 -4b 1. The partnership has not been able to conduct a community-wide needs assessment because few surveys were returned. An all-day strategic planning meeting was held in February 1994, and the chairman guided the membership in developing a vision, with the attendees focusing on five planning issues: marijuana use and cultivation, parental permissiveness, lack of recreational or alternative activities, lack of community awareness about the partnership, and lack of awareness about alcohol and tobacco abuse.

2. In lieu of the community-wide needs assessment, the partnership sponsored a school survey, which showed that abuse in Knox had decreased while that in Laurel and Whitley had increased. Members agreed to focus attention on successful practices in Knox and to determine how they might be applied to the other two counties.

C. Community Implementation Strategy:

5=0 1. The partnership does have three community organizers as part of its overall staffing structure, each organizer serving one of the three counties. However, there was little information about the activities of these organizers or the work within the counties. [One possibility is that they work closely with the family resource youth service centers (see *Breadth and Depth of Prevention Activities,* below).

2. One of the partnership's major prevention activities has been to provide service dollars to community-based organizations, allocating $25,000 annually for this purpose.

3. However, few prevention activities have well-defined targets that also are not targeted by the service agencies of its members.

D. Coordination Function:

1. The partnership has continually sought to promote coordinated services for the Appalachian minority population and share information about substance abuse problems. It has acted as an information and referral source and coordinated the efforts of representatives of the three counties.

E. Partnership as an Ongoing Organization:

4f=0

1. The partnership has begun to consider options for the future. It has formed an ad hoc committee to explore potential sources of future funding. Although the group had not identified any sources to date, KCEOC has made a commitment to continue to support the community coordinator position [?] with funds obtained through a $140,000 community services block grant.

F. Rivals:

6

1. There are a number of prevention activities independent of the partnership, including afterschool programs, treatment programs, outreach programs in the medical center, 4-H programs, and programs sponsored by the local college.

3. Prevention Strategies

A. Breadth and Depth of Prevention Activities:

3a

1. Aside from incentive activities, the partnership's main prevention activities have been a workplace program (35 businesses were contacted by phone, meetings were held with 8) which still did not lead to ongoing participation by the business community; a developmental grants program (also see ***Community Implementation Strategy,*** above), and the advent of family resource youth service centers. The centers grew out of the Kentucky Education Reform Act and provide direct assistance and referral to families and school children with basic needs, including substance abuse services.

2. The major link by the partnership to the community is through the school system. The partnership has helped to support existing DARE and other prevention programs, helping to expand the grades covered by DARE, as the Laurel schools became among the first high schools to create a DARE program.

3. Because RPC is active in the partnership (see ***Strong and Broad Partnership,*** above), the partnership also may claim that RPC's services have been part of the partnership's overall effort. The partnership community's overall dosage score was 25,412.

B. Breadth and Depth of Prevention Policies:

3b=0

1. The partnership concentrated on one policy-to increase the substance possession penalty from ten days suspension to immediate expulsion-which was implemented by the schools in 1994-1995.

2(L) Assessment of two exhibits.

Exhibit 6

PROMINENT PREVENTION ACTIVITIES

Tri-County Substance Abuse Prevention Alliance (Tri-County Alliance)

A5.* **Substance *Abuse Prevention Poster Competition:*** Annually each fall (since 1992) 150 sixth graders compete in a poster contest. One winning student from each county has his or her prevention message placed on a billboard and receives $50.00.

B13. PDSS Grants: Allocates $25,000 annually to support local prevention initiatives in the Tri-County area.

B15. Strategic P/an: Day-long meeting held in February 1994 helped the alliance to develop a vision identifying major objectives, assessment methods, and initial resources.

B17. Drug Free Workplace Program (DFWP): Received supplemental funds in June 1994 to establish prevention initiatives with the business community. One hundred ten employees participated in drug-free workplace training.

C23. ***Participation in Community-sponsored Events/Networking:*** Used by the partnership as a strategy to coordinate and pursue more effective prevention activities-county coordinates schedule of partnership participation in events such as health fairs and Red Ribbon Week.

*Numbers refer to classification scheme in the final cross-site report.

Exhibit 7

PROMINENT PREVENTION REGULATIONS OR POLICIES PROMOTED OR IMPLEMENTED

Tri-County Substance Abuse Prevention Alliance (Tri-County Alliance)
C10. * Policy (1994-l 995 school year) to increase substance possession penalty from ten days suspension to immediate expulsion.

*Numbers refer to classification scheme in the final cross-site report.